

# Self-Assessment Health Checklist

## 2019 novel Coronavirus (COVID-19) & other diseases

*The Haartz Corporation is committed to the health and safety of our employees and visitors. As part of our health and safety measures for the prevention of transmissible diseases, we request that you review this Health Declaration Form.*

*Based on the information you provide, we may decide to deny you entry to our facility or request that you provide additional information.*

When arriving at a Haartz facility, a visitor must self-monitor by reviewing the questions below. If you answer “yes” to any of questions, you will not be permitted on-site.

Have you experienced any of the following in the past 48 hours?

- |   |     |    |
|---|-----|----|
| 1. Fever ( $\geq 38^{\circ}\text{C}$ , $100.4^{\circ}\text{F}$ ) or feeling feverish (chills, sweating) | Yes | No |
| 2. Shortness of breath or difficulty breathing  | Yes | No |
| 3. New loss of taste or smell   | Yes | No |
| 4. New Cough (out of the ordinary)  | Yes | No |
| 5. Muscle Pain (out of the ordinary)  | Yes | No |
| 6. Sore Throat (out of the ordinary)  | Yes | No |
| 7. Vomiting or Diarrhea   | Yes | No |

Have you been in close contact (within 6 feet and includes touching common surfaces) with a person who has been confirmed with COVID-19 or someone who is waiting on COVID-19 test results? Yes No

**I agree to inform Haartz without delay if any of the statements given herein cease to be true within 14 days of my visit to the Haartz Corporation.**

**Haartz will contact you without delay if any Haartz employees with whom you have had contact become ill within the 14 days after your departure.**