



Employee/Visitor Daily Workplace Entry Questionnaire

In the past 24 hours, have you experienced: If answering yes to the following section, contact HR.

Fever:

- Yes
- No

Sneezing:

- Yes
- No

Diarrhea:

- Yes
- No

Fatigue:

- Yes
- No

Aches and Pains:

- Yes
- No

Headaches:

- Yes
- No

Cough:

- Yes
- No

Runny or Stuffy Nose:

- Yes
- No

Shortness of breath:

- Yes
- No

No to all symptoms listed

Sore throat:

- Yes
- No

Today's Temperature Reading: _____ (Over 100.3 no admittance)

Have you recently been in close contact with anyone who has exhibited any symptoms?

- Yes
 - No
- If yes, you may not enter for 14 days.

Have you recently been in contact with anyone who has tested positive for COVID-19?

- Yes
 - No
- If yes, you may not enter for 14 days.

Have you recently traveled to or been in contact with someone who has traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department or NYS Executive Order? Please refer to the back of this page for a complete list of all restricted areas.

- Yes
 - No
- If yes, you may not enter for 14 days.

By signing below, I pledge to help stop the spread of disease and protect myself and others by doing the following in the office and client sites when visits are required:

- Avoid public places including while traveling, if possible.
- Wear a mask within six feet of distance from other individuals or moving within the office.
- Wear a mask in a situation or setting where I'm unable to maintain six feet of distance from other individuals.
- Wear a mask in a public or private transportation carrier or for-hire vehicle.
- Wash hands often with soap and water for at least 20 seconds, especially before eating.
- Avoid touching eyes, nose, and mouth with unwashed hands.
- Cover coughs and sneezes with a tissue and discard it in a closed container.
- Clean frequently touched surfaces and objects.

If you fail the entry form, please take a picture and email it to COVID@skyport-it.com and keep the form with you. If you pass, please turn in the completed form to HR.

FULL NAME: _____

DATE: ___/___/___

SIGN: _____

HR Initials: _____



The Travel Advisory Includes: China, Italy, Iran, and most countries in Europe.

NYS Travel Advisory also includes the following US states: Alabama, Arkansas, Arizona, California, Delaware, Florida, Georgia, Iowa, Idaho, Kansas, Louisiana, Mississippi, North Carolina, Nevada, Oklahoma, South Carolina, Tennessee, Texas and Utah.

At our company, your health and safety is our priority. Here are the protective measures we'll be taking as we return to the office.



Hand Washing

Access to regular hand washing with soap and hand sanitizer will be provided and all common areas will be cleaned on a regular basis.



Provide Masks

Masks will be provided for employees to wear during their time on premises. It is a mandatory requirement to wear masks while in the office, in accordance with the guidance from the Department of Health and the CDC.



Make Space

On-site employees should follow the social distancing six-foot rule and all other CDC guidelines while in the workplace.



Together, we can overcome this!

Please adhere to these strict guidelines to keep everyone safe. We know that it'll be challenging to adapt to the New Normal. However, it'll require our collective effort to make our office a safe place to operate.

powered by

