

	JBS Swift Pork Policies & Procedures			
	Policy Name: COVID-19 Human Coronavirus Questionnaire			
	Policy Number: 0000001			Approved by: Harry Thompson
	Version #: 1	Date: 03/02/2020		

Please indicate a response to each question by circling the corresponding answer.

1. (YES / NO) Have you or an immediate contact traveled to a COVID-19 “hot spot” country/countries within the past 14 days?
2. If YES above, have you undergone a 2-week quarantine period and been cleared in writing to be free of COVID-19 by a licensed practitioner (YES / NO / NA)
3. (YES / NO) Have you or an immediate contact traveled outside of the United States within the past 14 days?
4. If YES above, have you undergone a 24 hour self-monitoring period and found yourself to be free of respiratory illness and fever without the aid of fever reducing or cough suppressing medications (YES / NO / NA)
5. (YES / NO) Have you or an immediate contact been diagnosed with COVID-19 Human Coronavirus within the past 30 days?
6. If YES above, have you undergone a 2-week quarantine period and been cleared in writing to be free of COVID-19 by a licensed practitioner (YES / NO / NA)
7. (YES / NO) Have you or an immediate contact had a fever or used fever-reducing medications to treat a fever within the past 24 hours?
8. (YES / NO) Have you or an immediate contact had a respiratory illness or used medications to relieve symptoms of a respiratory illness within the past 24 hours?

A YES response to questions 1, 3, and 5 without a corresponding YES response to questions 2, 4, and 6, respectively and/or a YES response to questions 7 and/or 8 indicates the individual does not comply with COVID-19 Human Coronavirus Guidelines as established on 02/28/2020.

I, _____, confirm that I understand the questions presented to me within this questionnaire and that my responses are truthful to the best of my knowledge.

Signature: _____

Date: _____