

Date: \_\_\_\_\_

University of South Carolina

For those returning to work, please indicate the following:

Name: \_\_\_\_\_ Department \_\_\_\_\_

YES NO

- Have you been diagnosed with the novel coronavirus (COVID-19)?
- Have you been exposed to a known case of novel coronavirus (COVID-19)?
- Have you been exposed to anyone who has been quarantined or in isolation due to suspicion of novel coronavirus (COVID-19)?
- Have you traveled internationally in the last 14 days?
- Have you been around anyone who is ill that has traveled internationally in the last 14 days?
- Have you traveled outside the immediate area where large crowds have gathered (greater than 100 ie. Cruise, Disney World, Festivals) in the last 14 days?
- Have you traveled outside the immediate area by commercial air or other public transportation and/or from areas where COVID-19 has sustained community spread of COVID-19?  
If so where \_\_\_\_\_
- Have you had a fever, cough or difficulty in breathing during the last 14 days?  
If yes, please explain \_\_\_\_\_
- Have you been around anyone who is ill with fever, cough, difficulty breathing during the last 14 days?  
If yes, please explain \_\_\_\_\_

If you have answered yes to any of the above, you will not be allowed to enter the building. We will work with you to establish an alternative work assignment. Your supervisor will contact you.

I understand that if I become sick (fever, cough, etc.) while at work, I will immediately place a mask on, remove myself from the work environment and call my supervisor for instructions.

Signature:

Supervisor Name

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