



**Compliance, Safety, & Education Department**

**Skoda Contracting Coronavirus Return to Work Questionnaire**

- 1. Have you been near anyone who has tested positive for COVID-19 or experienced flu like symptoms?**
- 2. Have you felt sick in the last month?**
- 3. Has anyone in your household, had a fever (greater than 100.4 F) or cough, shortness of breath, difficulty breathing or sore throat within the last 14 days?**
- 4. Have you been briefed on Skoda's COVID-19 plan of action? Are you able to comply with all points stated? Are you aware that if you observe another employee not complying it is your duty to report it to Management?**
- 5. Is there any other COVID-19 related reason you should not return to work?**

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_



# SKODA Contracting

Compliance, Safety, & Education Department

## Skoda Contracting Covid-Positive Return to Work Checklist

### Manager/Office Use Only

1. Positive Test for Covid19?      YES/NO      Date Test Taken \_\_\_\_\_
2. How many days since last symptoms? \_\_\_\_\_
3. 2<sup>nd</sup> Test Results showing negative?      YES/NO      Date Test Taken \_\_\_\_\_  
(Collect a copy of the test results)
4. Doctor's Note clearing employee to come back to work?  
(Collect a copy of the note)

Manager Signature \_\_\_\_\_

Manager Print Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Employee Print Name \_\_\_\_\_