



Sonoco COVID-19 Employee Health Screening Questionnaire

DATE OF SCREENING: _____

If the answer is “yes” to any of the following questions, the following actions must be taken immediately:

- Instruct the employee to leave the workplace and contact their HR manager by phone
- Document all other employees who he/she may have come into contact with during the shift
- Follow proper cleaning and disinfecting practices for their work area

1. Has the employee had close contact, as defined in the high-risk section of the Exposure and Action Matrix, with or cared for someone diagnosed with COVID19 within the last 14 days?
2. Has the employee had symptoms of acute respiratory illness in combination with a fever of (100.4° F [38.0° C] or greater within the last 24 hours?

**Instruct the employees to report immediately if any of his/her conditions change.

**Offer optional voluntary temperature screening and suggest employees take their own temperatures prior to coming to work.

	Employee	Concern (Circle One)		Time
1.		YES	NO	
2.		YES	NO	
3.		YES	NO	
4.		YES	NO	
5.		YES	NO	
6.		YES	NO	
7.		YES	NO	
8.		YES	NO	
9.		YES	NO	
10.		YES	NO	
11.		YES	NO	
12.		YES	NO	
13.		YES	NO	
14.		YES	NO	
15.		YES	NO	
16.		YES	NO	

17.		YES	NO	
18.		YES	NO	
19.		YES	NO	
20.		YES	NO	
21.		YES	NO	
22.		YES	NO	
23.		YES	NO	
24.		YES	NO	
25.		YES	NO	
26.		YES	NO	
27.		YES	NO	
28.		YES	NO	
29.		YES	NO	
30.		YES	NO	
31.		YES	NO	
32.		YES	NO	
33.		YES	NO	
34.		YES	NO	
35.		YES	NO	
36.		YES	NO	
37.		YES	NO	
38.		YES	NO	
39.		YES	NO	
40.		YES	NO	
41.		YES	NO	
42.		YES	NO	
43.		YES	NO	
44.		YES	NO	
45.		YES	NO	
46.		YES	NO	
47.		YES	NO	
48.		YES	NO	
49.		YES	NO	
50.		YES	NO	