

NSM Insurance Group *In Partnership With* The Forty Two Group

EXAMPLE DAILY HEALTH SCREENING FORM FOR SCHOOL BUS EMPLOYEES

To receive a customizable set of guidelines or to learn more about best practices for transportation risk management, reach out to Kyle McClellan at kylemcclellan@nsminsurancebrokers.com or call him 610-808-9604.

Daily Health Screening and Two-Week Log for Pennsylvania Employees

In an effort to reduce the risk of COVID-19 exposure to our organization and employees, all Pennsylvania **COMPANY** employees must complete the following screening questions daily.

PLEASE PRINT

Employee's Name: _____

SELF-DECLARATION BY EMPLOYEE

IF YOU MUST CHECK "YES" TO ANY ANSWER TO THE FOLLOWING QUESTIONS, PLEASE CONTACT YOUR SUPERVISOR IMMEDIATELY.

YES

NO

Have you returned from travel outside the countries within the last 14 days? or Have you been in close contact with anyone who has traveled within the last 14 days

Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

Have you been a part of a large gathering in the last 14 days? (Defined as more than 25 people indoors and 250 people outdoors.)

Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)?

TWO WEEK LOG PROCESS

If you answer “Yes” to any of the questions above, please contact your supervisor immediately. ⁽¹⁾ For those days you answer “No” to all the questions above, please enter the week date (starting with Sunday) and check each day you work and for which you self-screened.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Date:							
Date:							

I certify that the information provided is correct. I agree to comply with COVID19 Best Practices while at work including physical distancing, wearing a mask, hand-washing, and other recommendations made by the CDC as may evolve.

Employee signature:	Date:
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THANK-YOU. WE APPRECIATE YOUR COOPERATION IN HELPING US TO MAINTAIN A HEALTHY AND SAFE ENVIRONMENT FOR ALL.

⁽¹⁾ If the answer is “yes” to any of the questions, access to the company and company equipment may be denied and / or alternate modified job duties and / or work locations may be assigned.

Reach out today to receive a set of customizable guidelines for an employee exposure to COVID-19!



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