



Forms will be submitted to the direct supervisor/manager and maintained accordingly.

## COVID-19: Fit for Duty Questionnaire

To prevent the spread of the Novel Coronavirus (COVID-19) in our community and reduce the risk of exposure within our workplace, each employee of Medic Air Systems, Inc. is required to complete this questionnaire daily before entering an office or jobsite, or for a service technician entering the worksite of a customer.

Date:	Time:
Employee name (First/Last):	Branch:
Supervisor/Manager name (First/Last):	

### Self-Declaration by Employee

Are you currently, or have you in the past 72 hours, exhibited any of the following symptoms? (Check all that apply.)		
Fever	Yes	No
New Cough (outside of seasonal allergies or ailments)	Yes	No
Shortness of breath	Yes	No
Sore throat	Yes	No
<p><b>Yes to any of the symptoms above excludes you from offices, jobsites, or service call worksites.</b>  <b>You may return to work after 72 hours with no symptoms.</b></p>		

In the past 7 days, have you traveled by commercial plane?	Yes	No
If yes, you may return to work in 14 days, provided no symptoms.		

In the last 14 days, has anyone in your household been confirmed or suspected of being infected with COVID-19? If so, when?	Yes	No
In the last 14 days, to your knowledge, have you had close contact with anyone who has been confirmed to have COVID-19? If so, when? <b>The CDC defines close contact as:</b> -Being within approximately six feet of a COVID-19 case for a prolonged period of time. -or- -Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).	Yes	No
If yes, you may return to work 14 days after exposure, provided no symptoms.		

In the last 14 days, have you traveled outside of the country? If so, where?	Yes	No
At the time of travel, was the location subject to a CDC Level 2 or Level 3 Travel Health Notice?	Yes	No
Resource: <a href="https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html">https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html</a>		
In the past 14 days, have you traveled by cruise ship?	Yes	No
If yes, you may return to work 14 days after the completion of your trip, provided no symptoms		

**Please continue to follow safety precautions:**

- Frequently wash your hands for 20 seconds.
- Avoid large gatherings over 10 people.
- Remain six feet from others.
- Avoid restaurants and bars.

Employee Signature:

Date Signed:

If any question above is answered YES, this form is to be submitted to your supervisor and a representative at the Medic Air Systems Inc. main office: [cyndi@medicairstystems.com](mailto:cyndi@medicairstystems.com) OR [ryan@medicairstystems.com](mailto:ryan@medicairstystems.com)