

| Associate Name: | | Branch: | | | | |
|--|--|---------|--|--|--|---|
| Manager to review symptoms and exposure checks with associate prior to clocking in. Indicate YES or NO daily, as applicable. | | | | | | |
| DATE | Symptoms Check | | Exposure Check | | Acknowledgement | |
| | Tested for COVID-19 and/or experiencing any COVID-19 related symptoms? <i>Fever or Chills, Cough, Shortness of Breath or Difficulty Breathing, Fatigue, Muscle or body aches, New Loss of Taste or Smell, Sore Throat, Congestion or Runny Nose, Nausea or Vomiting, and/or Diarrhea</i> | | Close contact in the last 14 days with anyone that has COVID-19 related symptoms, has been exposed to COVID-19, has been tested for COVID-19, and/or has a diagnosis of COVID-19? | | Air Travel or International Travel in the last 14 days? | Directed by local health dept or healthcare provider to self-isolate or self-quarantine? |
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** Associate that responds YES to any symptoms or exposure questions should be asked to leave the branch and directed to contact HR Service Team. Associate should only return to work once the Manager has been notified by the HR Service Team or HRBP that the associate is cleared to work.