

Davco Electric Co. Inc. Pre- Screening Questionnaire

We appreciate your cooperation in helping to keep our employees safe and healthy.

Have you or anyone in your household traveled outside the U.S. in the past 30 days

YES NO

If Yes, Where? _____

Have you traveled or anyone in your household to a U.S. City/State with reported cases of the Coronavirus in the past 30 days?

YES NO

If Yes, Where? _____

Have you or anyone in your household been in personal contact with a person infected with the Coronavirus or who has traveled to an area with widespread and ongoing transmission of the Coronavirus in the past 30 days

YES NO

In the last 48 hours:

Have you or anyone in your household had a fever (99.5+)

YES NO

Have you or anyone in your household experienced any:

Coughing? YES NO

Sore Throat? YES NO

Difficulty Breathing? YES NO

Muscle Aches? YES NO

Stomach Pain? YES NO

Loss of Taste/Smell? YES NO

NAME: _____

Signature: _____ DATE: _____