**CORONAVIRUS (COVID-19) HEALTH SYMPTOM CHECK FORM**

**Instructions**

Please complete this questionnaire if you are entering our Liberty Global space. The completed questionnaire will help Liberty Global in connection with any additional steps it may need to take regarding coronavirus.

**Details about yourself**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Have you been in contact with anyone who has tested positive for the COVID19 virus in the past 30 days?** | **Yes / No** |
| **Any cough?** | **Yes / No** |
| **Any shortness of breath?** | **Yes / No** |
| **Any fatigue?** | **Yes / No** |
| **Any headaches?** | **Yes / No** |
| **Any muscle pain?** | **Yes / No** |
| **Any sore throat?** | **Yes / No** |
| **Any new loss of taste or smell?** | **Yes / No** |
| **Any chills or shaking with chills?** | **Yes / No** |
| **Any diarrhea?** | **Yes / No** |
| **Any sores on feet or reddened area to feet?** | **Yes / No** |
| **Any fever (over 100.4)?** | **Yes / No** |

**If you have answered ‘Yes’ to any of the above questions, please do not come to the office and consult a medical professional.**

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Liberty Global will treat the information you provide on a confidential basis. It will solely be used for the purpose of health control and prevention in the scope of the coronavirus disease. It will be shared only with those within the company that have a need to know such information, or as otherwise required by law. The data will be stored for a period of no longer than 1 month.