



TRC COVID-19 ACKNOWLEDGEMENT FORM

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. To help prevent the spread of this communicable disease and maintain a safe and healthy worksite, it is critically important that anyone with the following conditions not work onsite. Please answer the following questions.

Employee Name (Please Print):	Date:	
QUESTIONS	YES	NO
1. Have you traveled outside of the U.S.A. within the last 14 days?		
2. Have you been in contact with someone who has been outside the U.S.A. within the last 14 days?		
3. In the last 14 days, have you been in contact with someone has been diagnosed with COVID-19 or being monitored for it?		
4. Do you currently have flu-like symptoms such as fever, cough, and shortness of breath?		
5. Do you feel that you are high-risk for severe illness as defined by the CDC?		

If you answered "Yes" to any of the above questions, you should self-quarantine at your home for 14 days. If you experience the onset of severe illness, immediately contact your health care provider.

During the time period for the Michigan Executive Order, you must immediately report to your supervisor and acknowledge any:

- Illness you may be experiencing,
- Potential exposure to COVID-19 by contact with someone who is sick or presumed sick,
- If you travel outside the U.S.A.

I have read and understand the information in this form and the TRC Policy for Responding to the Coronavirus (COVID-19) in Compliance with the Michigan Executive Order 2020-21/22. I have answered all the questions truthfully to the best of my understanding and will follow the directives as stated.

Employee Signature

Date

Supervisor or Designee Signature

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