



Notice to Technimark Team Members

Due to the COVID-19 pandemic and until the time the CLT (Coronavirus Leadership Team) determines the following process is no longer necessary to protect the Technimark team, we are implementing on a temporary basis a self-declaration log that is to be completed by each employee who has been absent from work due to one or more of the following reasons before they will be admitted back into the workplace:

- Absent (partial or full-day) due to having COVID-19 symptoms;
- Absent (partial or full day) due to exposure to or caring for a family member with COVID-19 symptoms;
- Isolation or quarantine due to actual or potential COVID-19 exposure.

Employees who provide a work release note from a healthcare provider are exempt from the other questions.

Thank you for your cooperation as we work through this time in the interest of each employee's safety.

Returning Employee Declaration Form

(To be completed after each absence due to one of reasons noted above)

Name of Employee: _____ Today's Date: _____

Plant/Shift _____ Date Range Away from Work: _____

_____ Are you providing a current release note from a medical professional (**If Yes**, skip the balance of the questions, and go to the signature line below. Provide your medical release to HR rep.)

_____ Have you had **improved** coughing symptoms in the past 72 hours?

_____ Have you had **less** shortness of breath or trouble breathing in the past 72 hours?

_____ Have you had any fever in the past 72 hours?

_____ Have you taken any fever-reducing or symptom-altering medications in the past 72 hours (Examples would be: Tylenol, Cough Suppressants, etc.)

I attest that the information provided above is true and accurate.

Employee Signature: _____ Date: _____, 20__

Fever screening temperature must register < 100.4°. **Pass / Fail** (Circle One)

If you answered "**no**" to the screening questions above and pass the temperature standard, then you are granted access. If not, then we advise you to continue to seek assistance from your healthcare provider.

HR retains these records during the COVID-19 pandemic. After the event has cleared, this record will be destroyed.

HR Initials: _____ Access Approval: GRANTED / DENIED (Circle one)