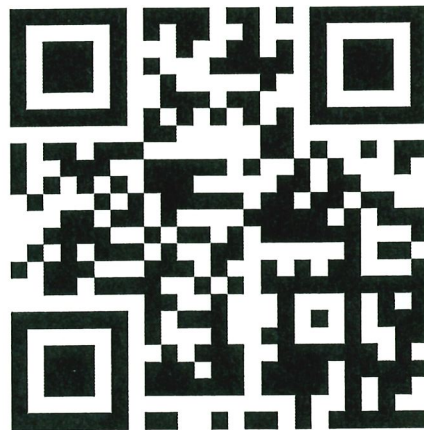


# COVID-19 EMPLOYEE HEALTH SCREENING SURVEY

- Use your camera or QR code app to scan the below code.
- This code is a **mandatory** employee survey that shall be completed at the **START** and **END** of your shift.
- Enter the required information (Employee ID / MM/DD of Birth)
- Answer the (5) Question Survey
  - **EMPLOYEE ID is not your PD Serial #**
  - Employee ID can be found on:
    - Your paystub  
-OR-
    - *Police Intranet/Reference/Employee Listing*  
-OR-
    - *Report Room / WC Office / Operations Office*



# COVID-19 Screening Survey

1. Since your last day of work, have you been in close contact with anyone who has a confirmed case of COVID-19?
2. Since your last day of work, have you developed a new fever (100 F or greater) or sense of being feverish?
3. Since your last day of work, have you developed a new cough?
4. Since your last day of work, have you developed new shortness of breath?
5. Since your last day of work, have you developed a new sore throat?
6. Since your last day of work, have you developed new Flu-Like symptoms?