CORONAVIRUS (COVID-19) EXPOSURE
NON-EMPLOYED PERSONNEL QUESTIONNAIRE

In light of the ongoing COVID-19 pandemic, as a precaution, all non-employed personnel will need to complete the following questionnaire prior to providing services on-site at any location of St. Luke’s University Health Network.

1. Are you currently experiencing symptoms of a fever with a temperature greater or equal to 100°, sore throat, cough, or shortness of breath?
   ______YES   ______NO

   If yes, then please call your PCP immediately for further direction. If you are completing this form on site, please find the safest and most direct route to the nearest exit and avoid close contact with others until you can get further advice from your PCP.

2. Have you traveled to any states outside of the state of Pennsylvania within the last 14 days?
   ______YES   ______NO

   IF YES, LIST LOCATION(S) AND DATES: ____________________________________________

   Note: If you have traveled to or have traveled from one of the areas listed here
   https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx
   you are required to quarantine for 14 days upon return to Pennsylvania.

3. Have you been in contact with someone who is a suspected or confirmed case of COVID-19 in the last 14 days?
   ______YES   ______NO

   IF YES, WHEN: __________________________

4. Have you worked in a facility with a reported case of COVID-19 in the last 14 days?
   ______YES   ______NO

   IF YES, WHEN: __________________________

5. Have you been notified that you were exposed to a positive COVID-19 patient and/or are part of an ongoing exposure?
   ______YES   ______NO

Note: If you answer Yes to any of the questions above, you may not be permitted entry into our facilities. In addition, if any affirmative answers to the above questions change at the time of your start date, you will need to contact Human Resources at 484-526-2985 prior to being authorized to start. Please refer to the CDC website for the most recent updates: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

I certify that the above information is accurate to the best of my knowledge.
I also understand and agree that if I am authorized to be on premises, I must follow St. Luke’s universal masking policy and monitor my temperature daily.

_____________________________  ______________________  ______
NAME                        SIGNATURE  DATE

Revised: 07.09.2020