

COVID-19 SAFE JOBSITE

Please complete this form for all persons entering the jobsite.

MCP project name: _____

Date: _____

Individual Name: _____

Employer: _____

Are you planning to return to this jobsite on a regular basis? Yes No

Please circle a response to the 5 questions below

1.	YES	NO	Have you, or anyone in your family, been in contact with a person that has tested positive for COVID-19?
2.	YES	NO	Have you, or anyone in your family, been in contact with a person that is in the process of being tested for COVID-19?
3.	YES	NO	Have you been medically directed to self-quarantine due to possible exposure to COVID19?
4.	YES	NO	Have you traveled outside of the U.S. within the last two weeks?
5.	YES	NO	Are you having trouble breathing or have you had flu-like symptoms within the past 48 hours, including: fever, cough, shortness of breath, sore throat, runny/stuffy nose, body aches, chills, or fatigue?

If you answer "yes" to any question, please leave the jobsite immediately.

Anyone answering yes to #5 should not return to work until 24-hours after they are free from a fever or signs of a fever without the use of fever-reducing medication.

COVID-19 SAFE JOBSITE INSTRUCTIONS

MCP Site Superintendents,

Please have all MCP employees complete the questionnaire. All individuals entering the jobsite must also complete the questionnaire. Delegate responsibility to each subcontractor foreman to provide a completed questionnaire for each of their employees and/or associates that enters the jobsite. Any employee returning to the jobsite daily should renew the questionnaire on a weekly basis. Completed questionnaire should be filed and available for review by medical personal when requested. This will help protect all of us if active cases of the virus are found among our associates.