

No: POL1201-6 On-Site Work with COVID-19 Protocols**Attachment A Return-to-Worksite Screening Daily Self-Assessment****RETURN-TO-WORKSITE SCREENING DAILY SELF-ASSESSMENT**

Worker Instructions: Each day before going to your worksite, please use the following self-assessment to help determine your susceptibility/exposure to COVID-19. Our goal is to minimize your risk and the risk of your coworkers. Therefore, we urge you to be honest with yourself on this questionnaire.

If you respond Yes or Not Sure to any of the questions on the Daily Self-Assessment, contact the LANL COVID-19 Hotline (505-606-2667) for guidance, 8:00am to 5:00pm, Monday through Friday. An Occupational Medicine Healthcare Professional will provide direction on whether you may return to work. The Occupational Medicine Healthcare Professional may also provide you and your manager with a duty disposition letter (DDL) with your return-to-worksite recommendations and/or restrictions.

If you respond No to ALL questions, contact your line manager to confirm/schedule returning to your worksite according to programmatic and mission priorities. You could still be directed to work remotely. You do not need to share this completed assessment or your health history details with your managers or other employees. Occupational Medicine Healthcare Professionals who are staffing the COVID-19 Hotline will protect your personal information.

Note: You will have to call the COVID-19 Hotline only when you first plan to come on-site, and subsequently only if your condition changes. The Occupational Medicine Healthcare Professional will provide you with instructions and a review date when you call.

| Employee Daily Self-Assessment | | Yes | No | Not Sure |
|--------------------------------|---|-----|----|----------|
| 1. | Is your temperature 100 degrees or more today? | | | |
| 2. | Today or in the past 72 hours, have you had any of the following symptoms? | | | |
| | Fever or chills? | | | |
| | Cough? | | | |
| | Shortness of breath or difficulty breathing? | | | |
| | Sore throat? | | | |
| | Nausea or vomiting? | | | |
| | Diarrhea? | | | |
| | Muscle or body aches not related to physical activity? | | | |
| | Fatigue that is not chronic or related to sleep disturbance? | | | |
| | Headache that is not chronic? | | | |
| | New loss of taste or smell? | | | |
| | New congestion or runny nose? | | | |
| 3. | During the past 14 days, have you traveled outside the state using public transportation for personal reasons? | | | |
| | During the past 14 days, have you been on international travel? | | | |
| 4. | During the past 14 days, have you had close contact with or do you live with | | | |
| | a person known to be infected with the novel coronavirus (COVID-19)? | | | |
| | a person with COVID-19 test outcome pending? | | | |
| | a person who is exhibiting recognized COVID-19 symptoms? | | | |
| 5. | High-Risk Condition Questions | | | |
| | Are you age 65 or over? | | | |
| | Do you have uncontrolled diabetes? | | | |
| | Do you have a serious heart condition? | | | |
| | Do you have chronic lung disease or moderate to severe asthma? | | | |
| | Do you have liver disease? | | | |
| | Do you have chronic kidney disease undergoing dialysis? | | | |
| | Do you have severe obesity (Body Mass Index (BMI) greater than 40—refer to online charts to check your BMI using your height and weight)? | | | |
| | Are you immunocompromised? (Many conditions can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications. Call the COVID-19 Hotline for guidance if you are unsure.) | | | |