



MIRON CONSTRUCTION CO., INC. VIRUS DOCUMENTATION FORM

Today's Date: _____

Your Name: _____ Home City & State: _____

Miron Location or Crew Code: _____

Employer: _____

PLEASE ANSWER ALL QUESTIONS BELOW.

1. Do you have any of the following symptoms?

- NO YES Persistent cough
- NO YES Difficulty breathing
- NO YES Fever within the last 72 hours
- NO YES Chills/shaking
- NO YES Loss of taste or smell

2. Have you had personal close contact with (live with, provide direct care for, or been within six feet of for more than 15 minutes) anyone who is suspected by a medical professional to have, or has tested positive for COVID-19 (Coronavirus)?

- NO
- YES (if answer is "YES," please answer the following)
 - YES NO Has the individual been fever-free for at least 72 hours (three full days of no fever without the use of fever-reducing medicine)?
 - YES NO Have all symptoms (cough, shortness of breath, etc.) improved?
 - YES NO Have at least seven days passed since their symptoms occurred?

3. Have you traveled internationally in the past 14 days?

- NO
- YES (if answer is "YES," please answer the following)
 - a. If yes, where have you traveled? _____
 - b. What was your date of return to the United States? _____

4. Have you tested positive for COVID-19, been told by a medical professional that you have had COVID-19, or are you awaiting pending results of a COVID-19 test?

- NO
- YES (if answer is "YES," please answer the following)
 - YES NO Have you received written clearance from a medical professional that permits your return to work?

Employee/Visitor Signature: _____ Date: _____

Please submit completed form to project site superintendent, Miron receptionist, or to virusdocumentation@miron-construction.com.