

HEALTH SCREENING QUESTIONNAIRE
Pursuant to CDC Guidelines and MI Executive Order 2020-21 (COVID-19)

The safety of our employees, families, and customers remains the Company's overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, the Company is monitoring the situation closely and following governing laws and guidance.

This screening is required for all employees and contractors before reporting to work. Employees must report to their supervisor or _____ if the answers to any of the below questions change at any point in time following submission of this questionnaire.

<u>Printed Name:</u>

1.	Have you or someone in your household tested positive for COVID-19? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when were you tested and when did you receive the positive the result? _____
2.	Do you agree to practice social distancing by maintaining distance (approximately 6 feet or 2 meters) from others while at work? Yes <input type="checkbox"/> No <input type="checkbox"/>

3.	Have you returned from any of the countries listed on CDC Covid-19 Watch List within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have you had close contact with or cared for someone diagnosed with Covid-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Have you been in close contact with anyone who has traveled within the last 14 days to one of the countries listed on CDC Covid-19 Watch List? Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature: _____ Date: _____

Company Name (if applicable): _____

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