



# Louisiana Housing Corporation

## COVID-19 Pandemic Employee and Client Screening

Agency: \_\_\_\_\_

Employee or Client: \_\_\_\_\_

Date: \_\_\_\_\_

All employees and clients will be screened in advance of any employee arriving on the job site. If the Employee or client answers “yes” to any of the following questions the job should be postponed for a minimum of thirty days.

Yes or No     Have you or anyone in your household been confirmed positive for COVID-19? If so, how long ago?

Yes or No     Have you or anyone in your household experienced any acute respiratory illness symptoms such as fever, cough, or shortness of breath, within the last two weeks?

Yes or No     Has anyone in your household been in close contact with someone who has been confirmed positive for COVID-19 or who has had a fever, cough or shortness of breath in the last two weeks?

Yes or No     Have you or anyone in your household traveled or been in close contact with any persons who has traveled out of parish within the last thirty days?

Employee Signature: \_\_\_\_\_

(Employee completing Questionnaire for self or client)

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(This must be confirmed and signed by the client prior to any work beginning)