



DATE

COVID SCREENING FORM

WORKER INFO

NAME	
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Please take a moment to complete this brief health survey prior to arriving onsite or to your work place designation. Your responses will be used to determine workplace access. Failure to truthfully answer these questions may result in the termination of your services or employment.

- Stage-Tech (‘we’, ‘us’, ‘our’) will process your personal information in accordance with our COVID-19 screening privacy policy and other privacy policies relevant to your relationship with us.
- We are processing your personal information (including name, role and certain limited health data) for the purpose of meeting our legal obligations to protect the health and well-being of our workforce and others we do business with, including by providing a safe working environment.
- Your personal information will be minimized and only retained for as long as necessary for this purpose. It may be shared with a limited number of individuals within WarnerMedia and with third parties, where necessary, as set out in our privacy policy.
- Click here for our COVID-19 screening [privacy policy](https://www.stage-tech.com/employee-covid-forms). <https://www.stage-tech.com/employee-covid-forms>

SYMPTOMS	YES	NO
Do you have any recent symptoms currently associated with COVID-19 (such as fever, cough, shortness of breath, fatigue, sore throat, muscle pain, chills, diarrhea, new loss of taste or smell)?		
FEVER	YES	NO
Do you have a fever greater than 100.4° F / 38° C?		
CONTACT	YES	NO
Have you had close contact (e.g., less than 6 feet/2 meters for more than 15 min) in the last 14 days with a person diagnosed with COVID-19? (E.g., household, social, store)?		
TRAVEL	YES	NO
Within the last 14 days, have you traveled to a location which results in you being subjected to a quarantine? (If your role within the Company and reason for travel exempts you from this requirement, answer No.)		
TEST RESULTS	YES	NO
In the last 10 days, have you received a positive test result for the COVID-19 virus? (Not an antibody test.)		

If you have answered **YES** to any of these questions please do not proceed to your work designation. Contact management at (562)407-1133 or (714) 317-9371 to notify them of your screening form and await instructions on how to proceed. If you Have answered **NO** to all of these questions please complete with signature and date and bring with you to the job site for workplace designation and turn into onsite lead or management prior to beginning work,

PRINT NAME

SIGN NAME	DATE
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