



**Coronavirus (COVID-19) Protection Plan  
Personal Checklist & Self-Declaration**

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Where do you work (Company / Location): \_\_\_\_\_

*In line with the recent Covid-19 outbreak, SRV Construction is taking proactive efforts to prevent exposure in the workplace.*

*If you are an SRV Employee, please complete the following and return this to your supervisor today. If you are a Subcontractor/Vendor or Short-Term Visitor, please return to your SRV Construction point of contact prior to entering jobsite and/or performing work.*

**Reason for Declaration (check one of the following):**

SRV Employee

Subcontractor

Vendor

Short-Term Visitor

**Please declare if you have:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Been in direct or indirect contact with anyone who has been confirmed with the COVID-19 virus | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • A cough, shortness of breath or difficulty breathing  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • A headache, and/or fever  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Any flu-like symptoms   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**List all countries, states and hot spots that you have visited or traveled through in the last 14 days:**

Specific Location: \_\_\_\_\_

*This checklist is provided to help individuals assess their exposure and limit the risk of spreading the Covid-19 Virus. This is not intended to be an exhaustive list of symptoms or exposures, but to assist in self-declaring one's willingness and ability to work.*

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

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

Print Your Name: \_\_\_\_\_