



SOUTH MONMOUTH REGIONAL SEWERAGE AUTHORITY

www.smrsa.org

1235 18th Ave
Belmar, NJ 07719
732-681-0611

The South Monmouth Regional Sewerage Authority is committed to the safety of all employees and to help prevent the spread of COVID-19 by screening staff (and visitors) daily.

1) Since your last day of work, or last visit here, have you had any of these symptoms?

- | | |
|--|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Chills |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Repeated shaking with chills |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Muscle Pain |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> New loss of taste or smell |

If you have one or more of these symptom(s) that may be related to COVID-19 notify your supervisor immediately, go home and seek medical attention

2) Since your last day of work or visit here, have you been exposed to someone being tested for COVID-19? Yes No

3) Since your last day of work visit here, have you been exposed to someone who has symptoms compatible with COVID-19? Yes No

4) Are any members of your household or a close contact on quarantine for exposure to COVID-19? Yes No

5) Are you caring for someone ill? Yes No

6) Have you travelled to, passed through or returned from any of the high COVID 19 infection rate states listed on www.covid19.nj.us within the last 14 days? Yes No

7) Have you been in close contact with anyone who has travelled to, passed through or returned from any of the high COVID 19 infection rate states listed on www.covid19.nj.us within the past 14 days? Yes No

My signature below certifies that I have read and understand all the questions and have answered each of them accurately and correctly.

Name of Employee/ Visitor & Company

Date

Signature or Employee/ Visitor