

TIMOTHY HOGAN INC.

Timothy Hogan Inc is following the Center for Disease Control and Prevention service guidelines. Please complete the following questions:

HAVE YOU OR ANYONE YOU ARE IN CLOSE CONTACT WITH...

Been in contact with anyone that has been diagnosed, tested, or is being monitored by CDC for Covid-19 in the last 10 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received a negative covid test in the past 72 hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS IN THE LAST 10 DAYS?

Fever greater than 100.4°	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fever or chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flu like symptoms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath or difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PLEASE PROVIDE THE DATE YOUR LAST CONFIRMED NEGATIVE RESULT COVID-19 PCR TEST WAS TAKEN (DD/MM/YYYY):

First & Last Name

Temperature

Date/Time