



COVID-19 Affirmation & Contact Information Form

NOTE TO INTERVIEWER: This form contains confidential medical information. Send the completed form to Human Resources for proper filing separate from the candidate's personnel file. Do not maintain a copy for yourself.

PLEASE PRINT LEGIBLY

Contact Information

This information will be used to contact you if Yaskawa has reason to believe that you may have come in close contact with a person who may have been infectious with COVID-19.

First Name:

Last Name:

\_\_\_\_\_

\_\_\_\_\_

Primary Phone Contact #

Alternate Contact #

\_\_\_\_\_

\_\_\_\_\_

By entering into a Yaskawa America, Inc. facility, you must commit to contacting Yaskawa if, within 14 days after entering the facility, any one or more of the following conditions are true:

- 1. You test positive for COVID-19,
2. You were notified that you were in close contact with a person who had COVID-19 within 14 days prior to entering the Yaskawa facility,
3. You experience COVID-19 symptoms, including one or more of the following: fever greater than 100° F, dry cough, difficulty breathing, new loss of taste or smell sensation.

Please Enter the Following Contact Information into Your Phone (or otherwise record)

Yaskawa America, Inc. Human Resources 847-887-7164

Please Answer the Following Questions

- 1. Have you been outside of this state for at least 24 hours within the past 14 days? YES NO
2. Are you feeling ill today or are you experiencing any of the following symptoms: Fever or Chills, Cough or Sore Throat, Shortness of breath or difficulty breathing, Fatigue, muscle aches, or body aches, Headache, or New loss of taste or smell? YES NO
3. Have you tested positive for COVID-19 within the past 14-days? YES NO
4. Within the past 14-days, have you been in close contact with anyone who has been sick or tested positive for COVID-19? YES NO

Recorded Temperature (Taken with no-touch thermometer by Yaskawa Associate): \_\_\_\_\_°F

Signature

Date