

## COVID-19 SCREENING ACKNOWLEDGEMENT

I understand that:

1. Mason Tenders' District Council Trust Funds is administering the Screen described below for the sole purpose of determining whether it is safe for me to enter the company's offices. The Screen may consist of two primary components: my responses to the attached questionnaire or the measurement of my body temperature.
2. The Screen does not provide a diagnosis of my health status, including whether I have COVID-19 or any other illness or condition, and neither Mason Tenders' District Council Trust Funds nor any other party associated with the Screen is providing me with medical treatment or advice.
3. If I indicate that I have any symptoms of COVID-19, I acknowledge that Mason Tenders' District Council Trust Funds has hereby notified me that I should contact my healthcare provider as soon as possible for assessment and testing. I understand that I am solely responsible for contacting my healthcare provider and for any prescribed follow up.
4. I understand that Mason Tenders' District Council Trust Funds will notify building management if I am exhibiting symptoms while in the workplace, or diagnosed with COVID-19, in accordance with guidance issued by the State of New York for the phased re-opening of workplaces. I hereby release Mason Tenders' District Council Trust Funds from any liability arising from or in any way connected with the sharing of this information in accordance with the guidance, or as otherwise required by federal, state, or local law.

**I hereby release Mason Tenders' District Council Trust Funds, its Board of Trustees and Director and any other party associated with the Screen from any liability arising from or in any way connected with the Screen, including, but not limited to: (1) any and all claims and damages caused by the ordinary negligence of the parties listed above, and/or (2) any medical treatment that may be required as a result of the Screen, and/or (3) any and all claims and damages resulting from any inaccuracies or errors in the temperature screen.**

**AGREED TO AND ACCEPTED:**

\_\_\_\_\_  
Employee/Visitor Signature

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

\_\_\_\_\_  
Date

## DAILY VISITOR HEALTH SCREENING QUESTIONNAIRE

Mason Tenders' District Council Trust Funds is committed to operating in the safest manner possible, and we ask for your support in this shared responsibility. To that end, we ask that you answer the questions below. If you respond "YES" to any of these questions, then as a precautionary measure you will be unable to continue with your visit to our office, and we will make alternative meeting arrangements. In such case, you are advised to contact your healthcare provider for assessment and testing. Thank you for your cooperation.

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

Host: Mason Tenders' District Council Trust Funds

1. Have you tested positive for COVID-19 in the past 14 days?  Yes  No
2. Have you experienced any of the following symptoms of COVID-19 in the past 14 days: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea?  Yes  No
3. Have you been in close contact (i.e., within six feet for at least ten minutes starting from 48 hours before illness onset) in the past 14 days with anyone who you know has tested positive for COVID-19 or experienced COVID-19 symptoms?  Yes  No
4. Do you have any other reason to believe that you may have been exposed to COVID-19 in the past 14 days?  Yes  No

I certify that the answers provided above are true and correct to the best of my knowledge. I also agree to immediately notify the Site Safety Monitor Dominick Giammona at 212-452-9727 if my answers to any of the questions change, such as if I begin experiencing symptoms, at any time during or within 14 days following my visit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date