



## **POINT OF ENTRY**

### **SYMPTOM SCREENING QUESTIONNAIRE**

Briggs & Veselka is committed to your health & safety. In the interest of ensuring a safe and healthy work environment, all associates, vendors, contractors, salespeople and other visitors entering B&V property or buildings should carefully complete this self-assessment. Additionally, any associates performing on-site client engagements should complete Sections 1 and 2 on page 2 of this form upon entering client locations.

#### **Screening Procedures:**

- When reporting to a B&V premise, every individual will need to either obtain clearance using Protect98 sign-in systems (stand mounted check-in software units) or do a self-screening to take her or his temperature. A self-screening station will be in the lobby of the designated floor for each location.
  - **Houston** –21<sup>st</sup> Floor Lobby
  - **Austin** – Lobby
  - **The Woodlands** – Lobby
  - **El Campo** – Lobby
  - **Pathway** – Lobby
- Self-screening procedures:
  - In B&V buildings where Protect98 sign-in systems (stand mounted check-in software units) are not available, each associate should report directly to the designated floor and complete a self-screen using a touchless forehead thermometer. The associate's temperature and answers to respiratory symptom questions need to be documented below, and the document will be maintained by the associate as a private medical record.
  - This Form is also available through MyBV and symptom screening may be completed electronically.
  - Gloves will be available to safely use the thermometer and should be disposed upon their use. There will also be wipes available for cleaning the thermometer before and after each use.
  - Maintain social distancing and adhere to mask requirements during self-screening.
  - Aim the thermometer probe at the center of the forehead surface and keep the probe less than 1.18 inches away from your forehead.
  - Upon completing page 2, please take a picture of the results and email this form immediately to HR@bvccpa.com before going to your workstation. Due to the heightened risk of exposure to other associates, failure to comply with this process, including emailing this form to HR, can result in disciplinary action, up to and including separation.
  - **Anyone who has a fever at or above 100°F or who is experiencing coughing or shortness of breath should go home immediately.**
  - **You must remain offsite until you satisfy the following reinstatement criteria:**
    - Medical clearance from your doctor must be provided in writing before you will be permitted to return to our offices, **and/or**
    - You have cleared the appropriate quarantine period as set by the CDC guidelines. Refer to **B&V's Return to Premises Clearance Guidelines**.
    - If you are not a B&V associate, communicate with your personal healthcare provider, local health department, hospital, clinic or emergency department. Please follow directions as prescribed by local authorities or consistent with local custom for guidance on next steps.

Individuals with symptoms must leave the premises and are advised not to use public transportation until you seek medical attention and instruction.

**1. Do ANY of the following conditions currently apply to you?**

|   | Condition  | Yes                      | No                       | Comments             |
|---|--|--------------------------|--------------------------|----------------------|
| 1 | You have a fever greater than 100°F. Seek immediate medical help for fevers over 101.5°F.  | <input type="checkbox"/> | <input type="checkbox"/> | Temperature Reading: |
| 2 | In the past 72 hours, you've experienced respiratory symptoms as a result of an illness (i.e., fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, etc.).<br><b>NOTE: Allergies are not an illness.</b> | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| 3 | You've traveled in the last month to a restricted travel level 2-3 country per <a href="#">CDC travel health recommendations</a> .   | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| 3 | You and/or any family members or house guests are suspected of or being medically tested for an influenza, COVID-19 or similar virus.  | <input type="checkbox"/> | <input type="checkbox"/> |                      |
| 5 | You have been in close contact (within 6 feet or living together) with someone diagnosed with influenza, COVID-19, or similar virus.   | <input type="checkbox"/> | <input type="checkbox"/> |                      |

If you answered YES to any of these conditions or any of the conditions in Section 1 exist, you may be experiencing symptoms due to influenza or virus. Therefore, you are directed to **seek medical attention and remain off premises.**

**2. Associates reporting to client site only:** Please provide the reading of self-administered temperature screening taken within the last 12 hours:

Screening #1: Time: \_\_\_\_\_ Temperature: \_\_\_\_\_

Note: By completing this form you acknowledge that the information collected on this form will be used to determine your access right to B&V's facilities. You consent to its use as a condition for entry for the following business purposes:

- To reduce the risk of spreading the disease in and through the workplace
- To protect associates and visitors in the workplace from exposure to COVID-19
- To comply with local, state, and federal laws, regulations, ordinances, guidelines and orders relating to COVID-19
- To identify potential symptoms linked to COVID-19 (including through temperature checks and COVID-19 questionnaire)
- To permit contact tracing related to any potential exposure
- To communicate with associates and visitors regarding potential exposure to COVID-19
- To properly warn others who have had close contact with an infected or symptomatic individual so that they may take precautionary measures, help prevent further spread of the virus, and/or obtain treatment, if necessary

By signing below, I acknowledge and confirm that I have received, read and understand this disclosure and that the foregoing information is true and correct.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THIS RECORD WILL BE KEPT CONFIDENTIAL BY HUMAN RESOURCES. FOR OFFICE USE ONLY:

|              |  |
|--------------|--|
| Received by: |  |
| Date:        |  |