



## Finishing Trades Institute of District Council 36 Training Center

May 18, 2020

### All Apprentices & Journeypersons

In response to the novel Coronavirus (COVID-19) pandemic, and in an effort to protect our employees, and all other persons at this site, we are asking you to conduct a self-check every day before you report to any of our the training centers.

Here are the questions that we are asking you to review for yourself before you come in each training day. This list may be modified based upon updated guidance. If you answer **YES** to any of the following questions on any day that you are scheduled at the training center, you should not report to the training center and instead should contact the office to reschedule.

- Have you or a member of your household been diagnosed with COVID-19 within the past 14 days?
- Do you or a member of your household currently have any other symptoms of COVID-19?
- Fever (body temperature of 100.4° F or higher)
- Chills
- Coughing (other than due to a known condition that is not COVID-19)
- Increasing shortness of breath, difficulty breathing or wheezing
- Pain or pressure in the chest
- Sudden loss of the sense of taste or smell
- In the past 14 days, have you been within 6 feet of any person who has been diagnosed with COVID-19?
- Have you been told by any health care provider or Department of Health to self-quarantine or self-isolate due to actual or suspected exposure to COVID-19?

Again, if you answer **YES** to any of these questions on any scheduled training day, do not report to the training center; contact the office to notify them of your condition and consider seeking medical attention. If you develop any of these symptoms while at the training center, please notify someone on staff at the center before you leave the training center.

Thank you for helping to maintain the health and safety for all of us that work and train at the center. If you have questions, please contact David Burtle, Director of Training.

For further information about COVID -19, please visit . <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_