

Attachment 1. Return to Worksite Daily Screening & Self-Assessment

Worker Instructions: Every day before presenting to your worksite, please use the following self-assessment checklist to determine your susceptibility and/or exposure to the novel coronavirus (COVID-19). Our goal is to minimize the risk of this disease impact on you and your coworkers. As such, please be very honest with yourself when addressing these questions.

If you respond **“Yes”** or you are unsure of how to respond to any of Questions 1 through 4 on this form, contact the LANL COVID-19 Hotline at 505-606-2667 for instructions **prior to coming on site**. If you respond **“Yes”** to question 5, observe the requirements of policy section 6.3. Specifically, **“I have completed all requirements concerning isolation/testing after travel and am fit for duty under those conditions.”** If you answer **“Yes”** or you are unsure how to respond to Question 6 of this form, contact N3B Occupational Medicine at 505-551-2267 for instructions **prior to coming on site**. Your information will be reviewed with you, and a determination will be made as to whether or not you can come on site. N3B Occupational Medicine will also follow up with you and your manager via email to provide duty disposition recommendations. If you respond **“No”** to all of the questions, then please report that information to your manager to advise you are fit to come on site. **Managers must not allow an employee/subcontractor to work on-site until the worker verifies completion of their Self-Assessment for that day.**

Worker Daily Self-Assessment	No	Yes
1. Today, or in the past 48 hours, have you had any of the following NEW symptoms:		
Fever of 100 degrees Fahrenheit or more?		
Felt feverish, chills, shaking or sweating?		
Cough?		
Shortness of breath or difficulty breathing?		
Sore throat?		
Nausea, vomiting or diarrhea?		
Muscle or body aches not related to physical activity?		
Fatigue that is not chronic or related to sleep disturbance?		
Headache that is not chronic?		
Loss of taste or smell?		
Congestion or running nose not related to allergies?		
2. Do you have a COVID-19 test result pending because you have symptoms or a risk of suspected exposure?		
3. In the past 10 days, have you had close contact* or do you live with:		
A person known to be infected with COVID-19?		
A person who has a COVID-19 test result pending for symptoms or known exposure?		
A person who has any of the above-listed COVID-19-like symptoms?		
4. In the past 10 days, does the following additional possible exposure issue apply to you:		
Have you spent 3 minutes or longer while being closer than 6 feet from anyone who has recently had COVID-19, has experienced any of the symptoms noted above, or has a COVID-19 test pending for symptoms or exposure?		
5. Travel-related as applied to you:		
Have you traveled out of state, in the last 10 days?		

**Close contact is defined as being less than 6 feet away from the person of concern for a duration of 3 minutes or longer, OR having direct contact with infectious secretions of someone who has COVID-19.*

	No	Yes
6. Do any of the following apply to you <u>and</u> that you have not already reported to N3B Occupational Medicine:		
Age of 65 or older?		
Uncontrolled diabetes?		
Uncontrolled hypertension?		
Serious heart condition?		
Chronic lung disease including moderate to severe asthma, chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, or cystic fibrosis?		
Chronic kidney disease which requires dialysis?		
Liver disease?		
Obesity defined as a body mass index (BMI) of 30 or higher? (Reference the BMI chart below.)		
Immunocompromised state (weakened immune system) from organ transplantation, HIV/AIDs, use of corticosteroids or other immune weakening medications?		
Sickle cell disease?		
Cerebrovascular disease?		
Current pregnancy?		
Smoking?		

NOTE: This tool does not take the place of consultation with your health care provider, nor does it diagnose or treat conditions. Call 911 or your local emergency number immediately if you develop any of the following symptoms: ongoing pain or pressure in your chest, new sense of confusion, a bluish color to your lips or face, struggling to breathe, feeling like you are about to collapse any time you sit or stand.

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BMI Chart

WEIGHT	lbs	90	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	
	kgs	41	45	50	54	59	64	68	73	77	82	86	91	95	100	104	109	113	118	122	127	132	
HEIGHT																							
	ft/in	cm	Underweight					Healthy					Overweight					Obese			Extremely Obese		
4'8"	142.2	20	22	25	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65	
4'9"	144.7	19	22	24	26	28	30	32	35	37	39	41	43	45	48	50	52	54	56	58	61	63	
4'10"	147.3	19	21	23	25	27	29	31	33	36	38	40	42	44	46	48	50	52	54	56	59	61	
4'11"	149.8	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	51	53	55	57	59	
4'12"	152.4	18	20	21	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	
5'1"	154.9	17	19	21	23	25	26	28	30	32	34	36	38	40	42	43	45	47	49	51	53	55	
5'2"	157.4	16	18	20	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	
5'3"	160.0	16	18	19	21	23	25	27	28	30	32	34	35	37	39	41	43	44	46	48	50	51	
5'4"	162.5	15	17	19	21	22	24	26	27	29	31	33	34	36	38	39	41	43	45	46	48	50	
5'5"	165.1	15	17	18	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	
5'6"	167.6	15	16	18	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	
5'7"	170.1	14	16	17	19	20	22	24	25	27	28	30	31	33	34	36	38	39	41	42	44	45	
5'8"	172.7	14	15	17	18	20	21	23	24	26	27	29	30	32	33	35	37	38	40	41	43	44	
5'9"	175.2	13	15	16	18	19	21	22	24	25	27	28	30	31	33	34	35	37	38	40	41	43	
5'10"	177.8	13	14	16	17	19	20	22	23	24	26	27	29	30	32	33	34	36	37	39	40	42	
5'11"	180.3	13	14	15	17	18	20	21	22	24	25	27	28	29	31	32	33	35	36	38	39	40	
5'12"	182.8	12	14	15	16	18	19	20	22	23	24	26	27	28	30	31	33	34	35	37	38	39	
6'1"	185.4	12	13	15	16	17	18	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	
6'2"	187.9	12	13	14	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	
6'3"	190.5	11	13	14	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36	
6'4"	193.0	11	12	13	15	16	17	18	19	21	22	23	24	26	27	28	29	30	32	33	34	35	
6'5"	195.5	11	12	13	14	15	17	18	19	20	21	23	24	25	26	27	28	30	31	32	33	34	
6'6"	198.1	10	12	13	14	15	16	17	18	20	21	22	23	24	25	27	28	29	30	31	32	34	
6'7"	200.6	10	11	12	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	32	33	
6'8"	203.2	10	11	12	13	14	15	16	18	19	20	21	22	23	24	25	26	27	29	30	31	32	
6'9"	205.7	10	11	12	13	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	31	
6'10"	208.2	9	10	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
6'11"	210.8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	25	26	27	28	29	30	

Source: <https://bmiccalculator.mes.fm/img/bmi-chart.png>