	<b>OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM</b>	<b>CODE</b>
		FOR-SST-01-00
	<b>SELF-REPORTING OF RESPIRATORY INFECTION SYMPTOMS</b>	<b>DATE</b>
		02/05/2020
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This self-report of symptoms is part of the preventive actions adopted by the company **HOTEL PLAZA DEL LILI S.A.S** against the world-wide pandemic of the COVID 19, with the purpose of preserving the health of our workers.

Please answer the following questions in the most honest way and fill in all the boxes.

DATE: \_\_\_\_\_ SHIFT: \_\_\_\_\_  
 FULL NAME: \_\_\_\_\_  
 ID NUMBER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 AGE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

1. Have you had any of these symptoms in the last few days?

SYMPTOMS	YES	NO
HIGH FEVER - GREATER THAN 38 C°.		
DIFFICULTY IN BREATHING		
DRY COUGS		
GENERAL UNREST		
SEVERE HEADACHE		

2. You have any of the above symptoms (described in question 1) today.

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Number of people you live with ( ), do you live with people over 60 years old YES

\_\_\_\_\_ NO \_\_\_\_\_

4. Have you been in contact with people who have travelled abroad?

YES \_\_\_\_\_ NO \_\_\_\_\_

5. Have you been in contact with a confirmed person or case of COVID 19 in the last few days?

YES \_\_\_\_\_ NO \_\_\_\_\_


6. Have you been in contact with a probable case of COVID 19 in the last few days?

YES \_\_\_\_\_ NO \_\_\_\_\_

7. Means of transport used to get to work: \_\_\_\_\_

8. Do you have any kind of base disease such as hypertension, hypoglycemia, respiratory diseases?

YES \_\_\_\_\_ NO \_\_\_\_\_

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9. Do you and the members of your household use the protective and disinfecting equipment for out-of-home errands?

EQUIPMENT	YES	NO
GLOVES		
MASK		

HYGIENE	YES	NO
WASH YOUR HANDS OFTEN		
ANTIBACTERIAL GEL OR ALCOHOL		

OTHER \_\_\_\_\_  
 I AM \_\_\_\_\_ WHOSE ID NUMBER  
 IS \_\_\_\_\_ AND DEVELOPMENT OF ACTIVITIES IN THE COMPANY  
 \_\_\_\_\_ I DECLARE THAT THE ABOVE ANSWERS ARE  
 TRUE AND I AM AWARE OF THE LEGAL COMMITMENT I MAKE BY OMITTING ANY  
 INFORMATION ABOUT MY HEALTH STATUS.

**DAILY EMPLOYEE MONITORING**

**10. DAILY TEMPERATURE TAKING**

START OF DAY TEMPERATURE \_\_\_\_\_ DEGREES

END OF DAY TEMPERATURE \_\_\_\_\_ DEGREES

AUTHORIZATION TO ENTER: YES \_\_\_ NO \_\_\_

SIGNATURE AUTHORIZING ENTRY:

\_\_\_\_\_  
 CC.