



Coronavirus– Contractor Screening Form

Safety is a core value at FirstEnergy, and as such we must act to reduce exposure and spread of the Coronavirus illness. All contractor or contactor applicants who wish to provide services on behalf of FirstEnergy will be required to undergo a screening process. These following questions are consistent with guidelines of the World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC).

Please answer the following questions prior to proceeding with your normal pre-employment sign-up process:

1. Have you traveled to or through any countries outside of the US in the last 30 days? YES ___ NO ___

If YES, list the country(s) and travel dates below

2. Have you had any of the following symptoms in the last 24 to 48 hours? YES ___ NO ___

Fever (>100.4), cough, chills, headache, shortness of breath, loss of taste/ smell, or sore throat.

Circle symptoms and explain

3. Have you been treated by a physician who suspected or confirmed that you have COVID-19 in the past 5 days? YES ___ NO ___

4. Within the past 5 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection? YES ___ NO ___

5. Have you or any individual you live with had close contact with any individual suspected of or confirmed to have the coronavirus illness, within the last 5 days? YES ___ NO ___

(Close contact means being within 6 feet for an extended time; or caring for or living with an individual with coronavirus symptoms or illness.)

Explain: _____

If you answered “YES” to any of the above questions, please submit form to the covid@amerisafegroup.com mailbox and contact the FE Contractor COVID-19 Hotline @ 331-255-6688 for assessment and evaluation. In partnership with the Hotline nurse, the Contractor Company will determine next steps, as necessary.

If you answered “NO” to ALL questions above or you have been cleared by the Hotline nurse, please sign the backside of this form indicating that you have reviewed and completed this form truthfully and accurately. Submit completed form to fieldservices@firstenergycorp.com mailbox for processing into SafetyPlusWeb.

I have reviewed the above questions and do not have symptoms of illness or travel exposure as described above or said conditions have been assessed by the Contractor COVID Hotline nurse and I was cleared.

If one of the following conditions occurs while working at a FirstEnergy facility I will contact the FE Contractor COVID-19 Hotline @ 331-255-6688 for assessment and evaluation.

- 1) Calls off Sick
- 2) Exhibits symptoms; Fever in combination with Fatigue, Cough, loss of Taste/Smell, Sore Throat or Respiratory Distress
- 3) Close contact with positive case
(Close contact means being within 6 feet for an extended time; or caring for or living with an individual with coronavirus symptoms or illness.)
- 4) Visited location of positive case, no close contact
- 5) Had close contact with suspected case
- 6) Visited location of suspected case

Name (PRINT)

Signature

Date

Last 5 of SSN: _____

Phone Number: _____

Contractor Company: _____