



940-665-3253 • 940-372-0543

DRIVER SELF EVALUATION

If you experience any symptoms or answer “**YES**” to any of these questions, you must immediately contact your health care professional for recommended next steps **AND notify your Dispatcher** and/or HR.

You must answer “**NO**” to all the questions in this questionnaire in order to enter our physical location or vehicles. If you answer “**YES**” to any of the questions, please **DO NOT** come enter the company’s buildings or vehicles.

1) Have you had any of the following symptoms in the last 24 hours?

	YES	NO
Cough		
Shortness of breath or difficulty breathing		
Fever (usually 100.4 or higher)		
Chills		
Repeated shaking with chills		
Muscle pain		
Headache		
Sore throat		
New loss of taste or smell		

2) In the last 14 days have you:

	YES	NO
Been in contact with someone who was diagnosed with COVID-19?		
Been in close contact with someone who had COVID-19 symptoms?		
Traveled internationally or taken a cruise?		

I certify to the best of my knowledge; this information is accurate.

Driver Name: _____ Trip# _____

Driver Sign: _____ Date: _____

When at the yard, turn form in by putting completed form in **orange box**.

If on an over the road trip, take a picture of completed form and send it to Dispatch prior to starting you day. By text or email: **Dispatch@bighattransportation.com**