



**Welfare, Pension and Annuity Funds
of Local No. One, I.A.T.S.E.**

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Office Entry Form

Date: _____

Please read questions below carefully then choose a response below.

- 1) Are you currently under isolation or quarantine orders?
- 2) Are you sick or have you felt any symptoms of illness in the past 72 hours including: cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, fatigue, congestion or runny nose, diarrhea, nausea or vomiting?
- 3) Do you live with someone who is sick or has felt any symptoms of illness in the past 72 hours?
- 4) Please take your temperature. Do you have a temperature of 100.4° F or higher?
- 5) Have you been exposed to someone positively diagnosed with COVID-19 or who has not been tested but has been told by a doctor that they probably have COVID-19 in the last 14 days?
- 6) Do you live with someone who has been exposed to someone positively diagnosed with COVID-19 or someone who has not been tested but has been told by a doctor that they probably have COVID-19 in the last 14 days?

Please select an answer below REQUIRED

() No to all () Yes to one or more

NAME: (Please print) _____

SIGNATURE: _____

For Fund Office Staff Only: _____ Proof of Vaccination