



MEDICAL FOUNDATION

AMG Medical Foundation

515 Alameda Avenue, Salinas, CA 93901

SAFE TO RETURN TO WORK

COMPANY PROFILE

COMPANY DETAILS

Date	Company Name		
Address	City	State	Zip Code
Primary Contact	Phone Number	Email	

Brief Description of Company service (this information will assist us in assessing the employees' risk of exposure for viral infections):

SCREENING INFORMATION

Number of Employees _____ Preferred Screening Day(s) & Time(s) _____

	Yes	No
Is the company able to provide internet access?	<input type="checkbox"/>	<input type="checkbox"/>
Is the company able to provide a room for screening?	<input type="checkbox"/>	<input type="checkbox"/>
Is the company interested in COVID-19 swabbing for all employees during the first screening?	<input type="checkbox"/>	<input type="checkbox"/>

RISK ASSESSMENT

Please answer the questions below so we are able to assess your employees' risk of exposure and to determine the frequency of screening for your employees.

	Yes	No
Are there more than 10 employees working together?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees interact with customers?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees maintain a safe distance (at least 6 ft) from each other?	<input type="checkbox"/>	<input type="checkbox"/>
Have your employees been trained on COVID-19 safety practices?	<input type="checkbox"/>	<input type="checkbox"/>
Are there easy access hand washing stations with soap and water/hand sanitizers?	<input type="checkbox"/>	<input type="checkbox"/>
Do your employees interact with people who possibly have infectious diseases?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If so, how frequently and for how long?</i> _____		
Are your employees exposed to public crowds?	<input type="checkbox"/>	<input type="checkbox"/>
Are there traveling employees?	<input type="checkbox"/>	<input type="checkbox"/>