

Boston Lyric Opera
INDIVIDUAL HEALTH SELF-ASSESSMENT

October 22, 2020

To reduce the risk of spreading the COVID-19 virus in and through the community and to protect our employees, patrons, and others, Boston Lyric Opera (“BLO”) is implementing procedures for (1) monitoring and/or measuring the temperatures of personnel coming onto BLO work and performance sites; and (2) inquiring and observing whether any individual entering a BLO work or performance site or working on behalf of BLO has any symptoms of COVID-19 or related illness. Any individual whose temperature is measured to indicate a fever, who reports having or is observed to have any such symptoms, or who has recently been in contact with symptomatic individuals will not be permitted to enter any BLO work or performance site or perform any work on behalf of BLO and is instructed to seek appropriate medical advice.

INSTRUCTIONS

- This Health Self-Assessment must be completed every day until further notice prior to the beginning of any entry onto a BLO work or performance site or the beginning of any work shift.
- Upon arrival, you are required to have your temperature taken and to confirm that you are free of COVID-19 symptoms, as defined by the Centers for Disease Control.
- Complete this Health Self-Assessment. The completed form will be maintained confidentially. If you refuse to cooperate in the Health Self-Assessment process, you will not be permitted to enter a BLO work or performance site and will be asked to leave the site.

Health Self-Assessment Questions – Circle Answers as Appropriate

1. Your Name: _____
Phone Number: _____

2. Time temperature taken: _____
Was temperature 100.0 F or above? ____ If so, specify temperature: _____

3. In the last 24 hours, has you experienced the following:

Cough	(Yes or No)
Shortness of breath or breathing difficulty	(Yes or No)
Fever (100.0 F or higher) or feeling feverish	(Yes or No)
Chills/repeated shaking with chills	(Yes or No)
Muscle pain or body aches	(Yes or No)
Headache	(Yes or No)
Sore Throat	(Yes or No)
New Loss of taste or smell	(Yes or No)

Boston Lyric Opera
INDIVIDUAL HEALTH SELF-ASSESSMENT

4. Has the individual been in “close contact” with an individual diagnosed with COVID-19. “Close contact” means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic?
(Yes or No)

5. Has individual been asked to self-isolate or quarantine by their doctor or a local public health official?
(Yes or No)

6. Individual is compliant with the August 1, 2020 Massachusetts Travel Order
(Yes or No)

***If you have any or all symptoms of COVID-19 (as defined by the CDC), you and/or BLO designated personnel must immediately notify the COVID-19 Compliance Officer. You will be asked to leave the BLO work or performance site and advised to follow CDC and Occupational Safety & Health Administration (OSHA) guidelines for self-quarantine and, if an employee, returning to work. You must notify the COVID-19 Compliance Officer as to when the symptoms started and with which other individuals you have had contact.

CERTIFICATION

By signing below, I certify that the answers provided above are true and correct.

Name (Print)

Signature

Date

Time