Oklahoma State Fair, Inc.
Confidential Employee Self-Assessment

As the C0VID-19 pandemic continues to evolve, the Company is actively monitoring best practices and updating company guidance based on the recommendations of the Centers for Disease Control and Prevention.

In an effort to prevent the spread of C0VID-19 and reduce the risk to our employees, contractors and visitors, the Company has developed the following self-assessment to be completed by all employees before they enter Company facilities. Your participation is important to our efforts to ensure the safety of our team. We appreciate your time and candor in completing the assessment.

Personal Information

Employee Name:_____Phone(mobile/home):_____

Travel Information

Have you traveled out of the country within the last 14 days? Yes_____ No_____

If yes, where and when did you travel?_____

Have you traveled commercially (airplane, bus, etc.) within the last 14 days? Yes____ No____

If yes, where and when did you travel?_____

Symptoms

Are you currently experiencing or have you experienced within the past 14 days any of the following symptoms: Fever (100.4 ° F or greater), cough, shortness of breath or difficulty breathing, persistent pain or pressure in the chest, new confusion or inability to awaken, bluish lips or face, other flu-like symptoms, loss of taste, loss of smell, sore throat, or gastrointestinal issues? Yes____ No_____

COVID-19 Diagnosis/Contact

Have you been diagnosed with or treated for C0VID-19 symptoms within the past 14 days? Yes____ No_____

If yes, when were you released from your treating physician to return to work?_____

Have you been in close contact (within 6 feet, caring for someone, living with someone, sharing a space with someone, etc.) with a person confirmed or suspected of having C0VID-19? Yes_____ No_____

If yes, what date(s) were you in contact with this individual? _____

Acknowledgment

If at any point your answer(s) to one or more of the questions contained herein change, you must notify the Company representative Jonathan Fisher immediately at 405-613-7550. You may be asked to complete additional self-assessment(s) and your access to Company facilities may be limited or restricted. By signing below, you are confirming that all answers on this document are true and correct to the best of your knowledge. This is not a contract, and is not a guarantee of any rights, privileges or conditions of employment.

_____	_____	_____
Employee Name	Employee Signature	Date