

## Self-assessment Form (for employees).

All measures taken by our company to prevent the spread of COVID-19 coronavirus infection among our employees serve to protect the health of them and their family members.

Nevertheless, recently there have been cases of employees coming to work (going from work) together (in groups), being in contact without wearing masks, thermometry testing without keeping a distance (1-2 m) at the entrance to the plant, also puts under danger the measures taken by us to prevent the spread of the virus.

Taking into account that each employee is personally responsible for this, all employees are required to complete and sign a "Self-Assessment Questionnaire" twice a month (once in two weeks).

Name, surname: \_\_\_\_\_

Department/workshop: \_\_\_\_\_

Position: \_\_\_\_\_

Company name: \_\_\_\_\_ Holcim(Azerbaijan) OSC \_\_\_\_\_

**In connection with the Coronavirus pandemic, I understand that it is my duty and to follow the sanitary rules applied in the company during the quarantine period and to fully comply with the legislation prepared by the state, and I confirm with my signature the answer to the following questions:**

Please clarify whether any of the following is relevant to you: (Mark "X" or "V")

Symptoms & actions taken:

- Have you had a fever (38 ° C or more) in the last week?
- Have you had cough, shortened breath, or difficulty in breathing?
- Have you been in close contact with a patient who has been diagnosed with COVID-19 infection in the last 14 days?
- Have you been to any medical facility that treats COVID-19 infection?
- Does any member of your family work in special hospitals and quarantine centers for the treatment of coronavirus patients?

Yes	No

**If your answer 'Yes', please, contact to company Clinics.**

**Clinics operates in accordance with the approved "Medical guidelines for the quarantine of COVID-19 (caronavirus) infection".**

Baku, \_\_\_\_\_

Location, date

\_\_\_\_\_

Signature