



**Management:** For a temperature that is above 100.4°F (38°C), or for any signs of illness noticed while conducting temperature checks, fill in the employee information on the Illness Questionnaire and direct the team member who has the symptoms below to seek consultation with a medical provider.

**Must be filled out by Momofuku Manager and witnessed by a second manager.**

**ATTENTION: All health-related information and documentation is kept confidential and stored securely, accessible only by the Safety Manager, General Manager, Executive Chef, or members of the corporate Operations and Human Resources teams. This information must be kept separate from other employee personnel records and adequate security precautions must be taken to ensure that there is no unauthorized access to this record.**

**Temperature** \_\_\_\_°F observed with Non-Contact Digital Forehead Thermometer

Temperature taken by: \_\_\_\_\_ Temperature witnessed by \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**COVID-19 Related:** Y/N    **Food Safety (diarrhea, vomiting):** Y/N    **Unknown:** Y/N

**Date:** \_\_\_\_\_    Time Illness Reported: \_\_\_\_ am \_\_\_\_pm

**Employee Name:** \_\_\_\_\_

**Employee Phone:** \_\_\_\_\_

**Employee Email:** \_\_\_\_\_

**Nature of Illness:**

- Fever
- Loss of taste/smell
- Vomiting
- Persistent cough
- Illness or Injury
- Diarrhea
- Shortness of breath
- Other (specify): \_\_\_\_\_

**How Many People Have Been In Contact with the person who is ill?** \_\_\_\_\_

**Symptoms/Additional Problem Information:** \_\_\_\_\_

**Has the employee:**



Seen a Doctor: YES NO Details: \_\_\_\_\_

Spoken to Dept of Health: YES NO Details: \_\_\_\_\_

Gone to the Hospital: YES NO Details: \_\_\_\_\_

Contacted a Regulatory Agency: YES NO Details: \_\_\_\_\_

**Document Filled In By [Momofuku manager]:**

\_\_\_\_\_

**SIGN**

\_\_\_\_\_

**PRINT NAME**

\_\_\_\_\_

**DATE**

**Document Witnessed By [Momofuku manager]:**

\_\_\_\_\_

**SIGN**

\_\_\_\_\_

**PRINT NAME**

\_\_\_\_\_

**DATE**