



OFFICE OF THE TRIBAL CHIEF CYRUS BEN

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MEMORANDUM

TO: All Tribal Government Employees

FROM: Chief Cyrus Ben

DATE: 17 MAR 2020

RE: **Screening Form for Tribal Government Employees**

In accordance with directives from the Tribal Government COVID-19 Taskforce, I am requesting each Tribal Government employee to report without penalty any travel, high risk contacts or any illnesses you have experienced over the last two weeks. Attached to this memorandum is an Employee Screening Form provided by the Tribal Government COVID-19 Taskforce. Please use this form to help reduce the risk of COVID-19 exposure and keep our communities safe.

It is vitally important that we take this pandemic seriously as we all exercise vigilance in containment efforts of this highly contagious virus. *If you have symptoms of COVID-19 such as fever, cough or shortness of breath, please refrain from work/public areas, notify your supervisor and call your primary medical care provider should you experience elevated symptoms.*

We will continue to work with our partners in Tribal, State and Federal Agencies to ensure we are up to date with all information, guidelines and protocol.

Thank you.

Cyrus Ben, Tribal Chief

C: Richard Sockey, Committee System Coordinator
File

Health Screening Form for Employees

In an effort to reduce the risk of COVID-19 exposure to the MBCI employees and visitors, all employees must complete the following screening questions:

Date: _____

Employee's name: _____ Employee phone number: _____

Department: _____

Self-Declaration by Employee		
	YES	NO
Have you traveled to abroad/areas effected by COVID-19 or been in close contact with anyone who has traveled to those areas within the last 14 days?		
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, sore throat, shortness of breath or other respiratory problem)?		

If you answered yes to the first question, please write in the location(s) you have traveled:

Any employee answering yes to any of the above questions may not be allowed to stay at their workplace and asked to contact their health care provider, at the discretion of the supervisor.

Employee signature: _____ Date: _____

By initialing I am confirming that there are no changes to my answers.

Date							
Initials							
Date							
Initials							

This form should be completed by the employee daily.

Updated: March 17, 2020