

COVID-19 Visitor Questionnaire

The safety of our employees, customers, families and visitors remains the top priority at our company. As the Coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, we are continuing to monitor the situation closely and will periodically update company guidance based on current recommendations from the Center for Disease Control and the World Health Organization.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in our facilities. Your cooperation is appreciated.

Visitor Name:	Visitor Phone Number:
Visitor Company:	Host Name:
Facility Location:	

If the answer is “yes” to any of the following statements, access to the facility will be denied.

Self-Declaration by Visitor <i>Circle answer</i>	
1	Have you returned from any country or US city in the last 14 days which has experienced COVID-19 outbreaks? Yes No
2	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes No
3	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes No
4	In the last 14 days, have you attended any mass gathering events that might have included attendees from a country or US city which have experienced a COVID-19 outbreak? Yes No

Visitor Signature: _____

Date: _____

Note: if you plan to be onsite for consecutive days, please immediately advise your host if any of your responses change. The information collected on this form will be used to determine your access rights to our company's facilities.

Access to facility (circle one): Approved

Denied