The safety of our employees, supplier partners, clients, families and visitors remain <Client Name>’s overriding priority. As the Coronavirus (COVID-19) outbreak continues to evolve and spread globally, <Client Name> is monitoring the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO). Only business critical visitors are permitted at any <Client Name> facility at this time.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce 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 this building. Thank you for your time.

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| --- |
| **Visitor Information** |
| Visitor’s Name:  | Contact Phone Number (mobile/home):  |
| Visitor’s Company/Organization:  | Name of <Client Name> Host:  |
| Name of Facility being visited:  |

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| --- |
| **Self-Declaration by Visitor** |
| 1 | Have you returned from any of the countries listed as Level 3 travel risk by CDC (https://wwwnc.cdc.gov/travel/notices) or been in close contact with anyone who has returned from these countries within the last 14 days?  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.  | Visitors are expected to have been fever free for the last 24-hours without the aid of medication. Have you experienced a fever or taken medication to control a fever within the last 24-hours ? Yes No  |

Please note that if the answer to any of the questions is a “yes,” access will be denied, and the visitor will be asked to reschedule their meeting or make other arrangements.

Signature (visitor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** if you plan to be onsite for consecutive days, please immediately advise your <Client Name> host if any of your responses change. The information collected on this form will be used to determine your access right to <Client Name> facilities. Any questions should be directed to the local HR Team at the respective facility.

**Access to facility (circle one): Approved Denied**