

**Health Screening Form for Visitors**

In an effort to reduce the risk of COVID-19 exposure to [Company name] employees, all visitors must complete the following screening questions:

Date: \_\_\_\_\_

Visitor's name: \_\_\_\_\_ Visitor's phone number: \_\_\_\_\_

Person/department visiting: \_\_\_\_\_

<b>Self-Declaration by Visitor</b>		
	<b>YES</b>	<b>NO</b>
Have you traveled to <i>[insert company determined list of countries]</i> 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, shortness of breath or other respiratory problem)?		

Visitors answering yes to any of the above questions will not be permitted access to [Company name]'s facility.

Visitor signature: \_\_\_\_\_

**For internal use:**

Access to facility (circle one):                      Approved                      Denied

Employee name: \_\_\_\_\_ Employee signature: \_\_\_\_\_