**[COMPANY] COVID-19 Visitor Questionnaire**

The safety of our Team Members, Customers, Families and Visitors remains [company’s] overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads, [company] is monitoring the situation closely and will periodically update company guidance.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our Team Members 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 facility. We appreciate your cooperation in filling out this Visitor Questionnaire.

**[company] Visit:**

Visit Date(s):

Receiving Dept.:

Name of [company] Host:

Purpose of Visit:

**Visitor Information:**

Name:

Company:

**Questions:**

1. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes No

2. Have you returned from China, South Korea, Italy, Iran or Japan within the last 14 Days?

Yes No Country:

3. Have you been in close contact with anyone who has traveled within the last 14 days to China, South Korea, Italy, Iran or Japan? Yes No Country:

4. Have you experienced any cold or flu-like symptoms in the last 14 days, especially running a fever? Yes No

5. Is your visit considered Business Critical and / or an Emergency? Yes No

Visitor Signature: Date:

[company] use only: Access to Facility: Approved Denied [company] Employee:

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