

[Insert Company Name and Logo, as desired]

### Work Site Visitor Health Screening

In an effort to reduce the risk of COVID-19 exposure among [Company Name] employees, only business-critical visitors are permitted at any company facility at this time. All visitors are required to complete the following questions in advance of arriving on the job site to protect everyone in the building.

\_\_\_\_\_  
Printed Name and Last Name

\_\_\_\_\_  
Company/Organization Name

\_\_\_\_\_  
Personal Phone Number

- Have you been traveling nationally or internationally or have been in close contact with anyone who has traveled within the last 14 days?

Yes  No

If YES, please indicate the name of the State or Country visited \_\_\_\_\_

- 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

- Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

Yes  No

\_\_\_\_\_  
Visitor Signature

\_\_\_\_\_  
Date

Based on the answers provided above, access to facility have been:  Approved  Denied

\_\_\_\_\_  
Printed name of [Company name] employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of [Company name] employee