

Health Screening Form for Visitors & Employees

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

Date: _____

Employee or Visitor's name: _____

Visitor's phone number: _____

Person/department visiting: _____

Self-Declaration by Visitor		
	YES	NO
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)?		

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

Employee or visitor signature: _____

For internal use:

Access to facility (circle one): Approved Denied

Employee name: _____ Employee signature: _____