

**Health Screening Form for Employees and 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: \_\_\_\_\_

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

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

| <b>Self-Declaration by Employee/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)?                                |            |           |

Employees or 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: \_\_\_\_\_