



Visitor Self-Assessment Questionnaire

To minimize the potential exposure of our employees and visitors to COVID-19, please complete the following Self-Assessment Questionnaire. Your participation is vital in helping us protect you and everyone within our facility.

Visitor Name:		Visitor Contact Number:	
Visitor Company:		Person or Department Visiting:	
1)	Have you returned from any of the countries below within the last 14 days? <ul style="list-style-type: none"> • China • Japan • All of Europe • Iran • South Korea • Travel via cruise ship, regardless of destination <input type="checkbox"/> Yes <input type="checkbox"/> No		
2)	Have you had close contact with, or cared for, anyone who has returned from any of the countries in the previous question within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3)	Have you had close contact with, or cared for, anyone diagnosed with COVID-19 or experiencing flu-like symptoms such as fever, cough, sore throat, respiratory illness, or difficulty breathing within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4)	Have you experienced cold or flu-like symptoms such as fever, cough, sore throat, respiratory illness, or difficulty breathing within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Visitor Signature: _____ Date: _____

Note: If you will be on site for consecutive days, please immediately notify _____ at _____ if any of your responses change. The information on this form will be used to determine your access to our facilities.