

COVID-19 Facility/Building Sign-In Sheet

The safety of our employees, supplier partners, customers, families and visitors remain our company's overriding priority. As the coronavirus disease (COVID-19) outbreak continues to evolve, it is our intent to monitor the situation closely and will periodically update company guidance based on current recommendations from the State, the County and the Centers for Disease Control and Prevention. Only business critical visitors will be permitted into our facility(s) at this time.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce 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 building. Thank you for your time.

Employee/Visitor Name:	Personal Phone Number (mobile/home)
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Self-Declaration by Employee/Visitor	
1	Have you traveled outside the USA in the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you been in close contact with anyone who has traveled outside the USA within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	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 <input type="checkbox"/> No <input type="checkbox"/>

If the answer is "yes" to any of the questions, access to the facility will be denied.

Signature (Employee/visitor): _____ Date: _____

Access to facility (circle one): Approved Denied