**COVID-19 Visitor Questionnaire**

The safety of our employees, customers, families and visitors is a priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, we are conducting a screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in the building.

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| Visitor Name: |  |
| Visitor Company/Organization: |  |
| Name of Company Host: |  |
| Date: |  |

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| **Self-Declaration by Visitor** |
| 1.  | Have you tested positive for the COVID-19 virus in the last 30 days?  Yes NoIf yes, what was the last date that you experienced COVID-19 symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. | Have you or anyone in your house traveled outside of Canada within the last 14 days?  Yes No |
| 3. | Have you worked in or visited a building with a recognized COVID-19 case within the last 14 days? Yes No |
| 2. | Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?  Yes No |
| 3. | Have you experienced any cold or flu-like symptoms in the last 14 days? Please check all that apply. Fever  Cough Difficulty Breathing |

**Visitor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit completed forms to EMAIL@COMPANY.COM

All guests are required to use hand sanitizer upon entering the company premises.

**Note:** If you plan to be onsite for consecutive days, please immediately advise your host if any of your responses change. The information on this form will be used to determine your access rights to company facilities.