[Insert Company Logo]

**Visitor Health Questionnaire** [Date]

The safety of our employees, supplier partners, customers, families and visitors remain the [Company]’s primary priority. To enable us to allow visitors on-site, we now require all visitors to provide responses to the below questions, prior to being permitted entry into our facilities.

|  |  |
| --- | --- |
| Visitor’s Name: | Host’s Name: |
| Visitor’s Company/Organisation: | Host’s Contact Details: |
| Visitor’s Contact Details (phone number/email address): | Facility Name: |

|  |  |
| --- | --- |
| Self-Declaration by Visitor | |
| Have you travelled to or from China, Italy, South Korea, Iran, Spain, Russia, USA or Japan in the past 14 days? | Yes  No |
| Have you been in close contact with anyone who has travelled within the last 14 days to the countries listed above? | Yes  No |
| Have you had any close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? | Yes  No |
| Have you experienced any cold or flu-like symptoms in the last 14 days (including, but not limited to fever, cough, sore throat, respiratory illness, difficulty breathing)? | Yes  No |

If the answer is “yes” to any o the questions, access to the facility/building will be denied.

Signature (visitor):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return your completed questionnaire **prior** to your visit to the [company] in order to not delay or prevent your entry to our site location.

Note: If you plan to be on-site for consecutive days, and your responses change, please inform your host immediately. The information collected on this form will be used to determine your access right to the [company]’s facilities/building. Any questions should be directed to: [insert name/email address].

INTERNAL ONLY

Access to facility: Approved  Denied