**COVID-19 VISITOR QUESTIONNAIRE**

Updated as of 18/03/2020

The safety of our employers, suppliers, partners, customers, families and visitors remains our overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, we are monitoring the situation closely and will update company guidelines based on current recommendations. Only business critical visitors will be allowed on site during 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 the building. Thank you for your time.

|  |  |
| --- | --- |
| **Visitor’s Name:**  | **Phone Number:**  |
| **Visitor’s Company/ Organization:**  | **Person you are visiting:**  |

|  |
| --- |
| **Self-declaration by Visitor** |
| 1 | Have you had close contact or cared for someone diagnosed with COVID-19 in the last 14 days? YES / NO  |
| 2 | Have you suffered from any COVID-19 symptoms for example a new, continuous cough, high temperature, shortness of breath, in the last 14 days? YES / NO  |

If the answer to any of the above questions is Yes, access will be denied.

Visitor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Access to premises – Approved / Denied**