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[COMPANY] COVID-19 Questionnaire

Safety is a core value of **[COMPANY]** and as such the health and well-being of our employees, visitors and contractors is paramount.

Due to the unprecedented concern for the COVID-19 (Coronavirus) **[COMPANY]** is requesting all visitors and contractors fill out this voluntary survey before being granted access to any of our facilities.

Name: _____

Company: _____

Date: _____

1. Have you been out of the country in the past three weeks? If yes, which countries and airports did you travel through?

2. Have you experienced any of the following symptoms in the past three weeks? If yes, please check associated box.
 - a. Fever of 100.4° or higher
 - b. Cough
 - c. Shortness of Breath
 - d. Persistent Pain or Pressure in the chest

3. Have you been in close contact with anyone showing any of these symptoms or anyone who has been diagnosed with COVID-19 (Coronavirus)?

If you have any questions or concerns, please contact:

Company Contact

Company Name

Company Contact Title

Phone Number

Email