

Govplace Visitor COVID-19 Questionnaire

The safety of our employees, supplier partners, customers, families and visitors remain Govplace's overriding priority. As the coronavirus (COVID-19) outbreak continues to evolve, Govplace is monitoring the situation closely and will periodically update company guidelines based on current recommendations from the Centers for Disease Control (CDC) and Prevention and the World Health Organization (WHO). Only business critical visitors are permitted at the facility 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.

Visitor Name:		Personal Phone Number:	
Visitor Company:		Name of Govplace Host:	

Self-Declaration by Visitor

1	I have NOT had a fever of 100 °F (37.8 °C) or higher within the last 24 hours .	Yes	
		No	
2	I have NOT suffered from a cough or shortness of breath within the last 24 hours .	Yes	
		No	
3	I have NOT experienced new loss of taste or smell, sore throat, or muscle aches and pains or chills within the last 24 hours .	Yes	
		No	
4	To my knowledge, I have NOT been in close contact (within 6 feet or 2 meters) with anyone who has had a confirmed diagnosis of COVID-19 within the last 14 days .	Yes	
		No	
5	To my knowledge, I have NOT been in close contact (within 6 feet or 2 meters) with anyone who has exhibited symptoms of COVID-19 within the last 14 days .	Yes	
		No	

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

Signature (visitor): _____

Date: _____

Note: If you plan to be on-site for consecutive days, please immediately advise Govplace if any of your responses change. The information collected on this form will be used to determine your access right to Govplace facilities. Any questions should be directed to your host.

