



Covid-19 Visitors Questionnaire

The safety of our employees, customers and visitors remains our overriding priority. As the Coronavirus Disease (COVID-19) outbreak continues to evolve, we are conducting a simple screening questionnaire in order to reduce any potential risk of exposure to our employees, customers and visitors. Your participation is important to help us take precautionary measures to protect you and those around you. Thank you for your time to complete this questionnaire.

Name:	
Phone Number:	
Date:	
Company:	
Reason for visit:	

Self-Declaration by Visitor	
1.	Have you returned from abroad (any country, excluding Northern Ireland) 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 (to include fever, persistent cough, sore throat, respiratory illness, difficulty breathing) in the last 14 days? Yes ___ No ___

Visitors Signature: _____

Premises Signature: _____

Date: _____

Access to premises allowed: Yes ___ No ___