In an effort to reduce the risk of COVID-19 exposure to our employees and visitors, all visitors must complete the following screening questions:

**Visitor Name:**

**Visitor Phone Number:**

**Visitor Company/Organization:**

**Person/department visiting:**

**Self-Declaration by Visitor**​ ​

1. Within the past 14 days have you had close contact with or cared for someone who has been diagnosed with COVID-19 or suspected to have COVID-19?

 \_\_\_ Yes \_\_\_ No

2. Within the past 24 hours have you experienced any of the following symptoms: fever (>37,8 oC), cough, sore throat, or shortness of breath?

 \_\_\_ Yes \_\_\_ No

If you have answered Yes to any of the above questions, please delay your attendance and contact your healthcare provider

**Notifications:**

All site visitors are expected to follow increased levels of personal hygiene:

 Wash your hands on arrival and departure

 Use hand sanitiser

 Avoid shaking hands and physical contact

 Wear a mask that covers your nose and mouth

Your participation is important to assist us in taking precautionary measures to protect you and others in this facility.

Thank you,