 **Visitor COVID-19 Travel Questionnaire**

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 for your time.

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|   |  Self-Declaration by Visitors  |
| 1  | Have you traveled outside the country within the last 14 days? Yes \_\_\_ No\_\_\_ If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please see list at bottom of the page)  |
| 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 been in close contact with anyone who has traveled outside of the country within the past 14 days? Yes\_\_\_ No\_\_\_If yes, where did they travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please see list at bottom of page)  |
| 4  | Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes\_\_\_ No \_\_\_ |

Current List of Countries with *Level 3 Travel Health Notice*:

Date 3/19/2020

* China
* Europe (Schengen Area): Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City
* Iran
* Ireland
* Malaysia
* South Korea
* United Kingdom: England, Scotland, Wales, and Northern Ireland