Sample Communication

*Please Customize for Your Organization*

The safety of our employees, supplier partners, customers, families and visitors remain the [COMPANY’s] overriding priority. As the coronavirus (COVID-19) outbreak continues to evolve and spread globally, [COMPANY] is monitoring the situation closely and will periodically updated company guidance 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 for your time.

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| --- | --- |
| Visitor’s Name: | Personal Phone Number (Mobile/Home): |
| Visitor’s Company/Organization: | Name of COMPANY Host: |

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| Self-Declaration by Visitor |
| 1 | Have you returned from any of the following countries within the last 14 days?(China, Iran, Italy and South Korea) Yes ☐ No ☐ |
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| 2 | Have you had close contact with or cared for someone diagnosed with COVID-19 in the last 14days?Yes ☐ No ☐ |
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| 3 | Have you been in close contact with anyone who has traveled within the last 14 days to one ofthe following countries? (China, Iran, Italy and South Korea) Yes ☐ No ☐ |
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| 4 | Have you experienced any flu-like symptoms in the last 14 days (to include fever, cough, sorethroat, respiratory illness, difficulty breathing)?Yes ☐ No ☐ |
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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 your [COMPANY] if any of your responses change. The information collected on this form will be used to determine your access right to [COMPANY facilities. Any questions should be directed to your host.