



**COVID-19 VISITOR FORM**

Michigan has now confirmed the presence of COVID-19, also known as Coronavirus. Our first priority is to protect the health of our employees, customers, visitors, and vendor partners.

To prevent the spread of the COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screen questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building.

Thank you for your time.

Visitor Name:	Phone:
Company:	Reason for Visit:
Facility:	Notes:

**Self-Declaration by Visitor**

Question	Yes	No
1. Have you visited China, Italy, South Korea, Iran or Europe in the last 14 days?		
2. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
3. Have you had close contact with anyone who has traveled to China, Italy, South Korea, Iran or Europe in the last 14 days?		
4. Have you experienced any cold or flu-like symptoms in the last 14 days? (Fever, cough, sore throat, respiratory illness, difficulty breathing)		

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

Visitor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Access to facility:    Approved             Denied