

Facility Access Pre-Screening Questionnaire

Please complete this questionnaire prior to entering the facility. This document is intended for print and manual completion or physical record-keeping.

1. Personal Information

Full Name:

Phone Number:

Company / Organization:

Host / Contact Person in Facility:

Current Body Temperature (if recorded at entry):

2. Health Screening Questions

Please answer the following questions by writing "YES" or "NO" in the space provided.

1. Are you currently experiencing any symptoms of illness (such as fever, cough, shortness of breath, sore throat, or loss of taste/smell)?

Answer (YES / NO):

2. Have you been in close contact with anyone confirmed or suspected of having a contagious respiratory illness in the past 14 days?

Answer (YES / NO):

3. Have you traveled internationally or to high-risk areas within the past 14 days?

Answer (YES / NO):

4. Have you been directed by public health officials or a medical professional to self-isolate or quarantine at this time?

Answer (YES / NO):

3. Acknowledgment and Signature

By signing below, I certify that the information provided above is true and correct to the best of my knowledge.

Signature (Write Name to Sign):

Date (MM/DD/YYYY):

Time of Entry (HH:MM AM/PM):