

Security Clearance and Visitor Screening Questionnaire

INSTRUCTIONS: This is a printable screening form. Please complete all sections in block capitals prior to entering the secure facility. Write clearly.

Section 1: Visitor Personal Information

Full Name (Last, First, Middle):

Date of Birth (DD/MM/YYYY):

Citizenship / Nationality:

Government ID Type (e.g., Passport, Driver's License):

ID/Passport Number:

Section 2: Employment & Agency Details

Employing Organization / Agency Name:

Job Title / Role:

Official Email Address:

Contact Phone Number:

Section 3: Security Clearance Verification

Active Security Clearance Level (None, Public Trust, Secret, Top Secret):

Sponsoring Agency / Authority:

Clearance/Case Verification Number (if known):

Section 4: Visit Details

Date of Visit (DD/MM/YYYY):

Name of Point of Contact / Escort:

Purpose of Visit:

Section 5: Security & Health Screening Declarations

Please type or write "YES" or "NO" in the box for each statement.

Are you carrying any unauthorized electronic media, recording devices, or classified materials?

Have you traveled outside your home country in the past 14 days?

Have you been in close contact with anyone diagnosed with a communicable illness in the past 14 days?

Do you have any active warrants or pending legal restrictions preventing access to secure facilities?

Section 6: Authorization & Signature

I hereby certify that the information provided above is true and accurate to the best of my knowledge. I understand that misrepresentation on this form may result in denial of access, removal from the facility, or legal action.

Visitor Signature (Sign on printed copy):

Date Signed (DD/MM/YYYY):

For Official Use Only

Reviewing Security Officer Name:

Visitor Badge Number Issued:

Officer Signature:

Access Status (Approved / Denied):