**Visitor Attestation**

In order to minimize the risk of exposure of COVID-19 to our employees, we ask that all visitors review the below questions and respond via email prior to your visit. Please email your questionnaire to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If you would prefer to respond via phone please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We will only use this information for purposes of minimizing the risk of exposure to COVID-19 to our employees.

This is a voluntary questionnaire. If you prefer not to respond to the questions, please let us know and your meeting will be rescheduled to occur online or via telephone.

If you would like to learn more about why we are taking steps to reduce the spread of COVID-19, you may review the [Centers for Disease Control FAQs](https://www.cdc.gov/coronavirus/2019-ncov/faq.html). We appreciate your cooperation and understanding.

***In the past 14 days:***

1. Have you been within approximately 6 feet, for a prolonged period of time, with a person confirmed to have COVID-19? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_
2. Have you been within approximately 6 feet, for a prolonged period of time, with a person being evaluated for having COVID-19? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_
3. Have you had direct contact with infectious secretions of a person confirmed to have or suspected of having COVID-19 infection (e.g., being coughed on)? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_
4. Have you travelled from geographic regions where sustained community transmission has been identified by the CDC? Relevant affected areas are defined as a country with at least a CDC Level 2 Travel Health Notice. See all [COVID-19 Travel Health Notices](https://www.cdc.gov/coronavirus/2019-ncov/travelers/). Yes \_\_\_\_\_\_ No\_\_\_\_\_\_
5. Have you had a fever of 100.4 or greater (actual or subjective), or experienced coughing, or difficulty breathing? (Note that these symptoms may be indicative of many respiratory illnesses, not just COVID-19.) Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

Thank you for partnering with us to help us try to reduce the spread of COVID-19.

Signed…………………………………………..

Date……………………………………………..