

## **COVID-19 Visitor Questionnaire**

The safety of our employees, supplier partners, customers, families and visitors remain our overriding priority.

Only business critical visitors are permitted on site at this time and 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 our workers. Thank you for your time.

Visitor's Name	Visitor's company	
Date of visit	Host name	

## Self-Declaration by Visitor

(please circle)

1	Have you returned from outside of the UK within the last 14 days?				
	Yes No				
2	Have you been in close contact with anyone who has travelled outside of the UK within the last 14 days?				
	Yes No				
3	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?				
	Yes No				
4	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)?				
	Yes No				

If the answer is "yes" to any of the questions, access to Centronic may be denied.

Signature (visitor)	Date	

Please return this competed questionnaire to your Centronic host prior to your visit