COVID-19

**To prevent the spread of COVID 19 in our community and reduce the risk of exposure to our staff and visitors, we are conducting a simple screening questionnaire for all Visitors/Employees/Contractors on a daily basis. Your participation is important to help us to take the necessary precautionary measures to protect you and everyone in this building. Thank you for your time.**

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| --- | --- |
| Visitor/ Employee/Contractor name: | Personal contact number (Mobile number/Home): |
|  |  |
| Temperature Scan (Circle One):  ( Pass ) / ( Fail ) |
|  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Self-declaration: | |  | |  | |  | |
|  |  | | | | | |  | |
| 1 | Have you been in contact with a confirmed Covid 19 patient in the past 14 days? | | | | | | | |
|  | □ Yes | | □ No | |  | |  | |
|  |  | | | | | | | |
| 2 | Have you been to any of the following Unilever designated high-risk countries or areas in the past 14 days? The current list includes: **All international travel; this includes US Territories and regions outside the continental US. (Hawaii, Puerto Rico, Alaska, US Virgin Islands), US hot spot cities: Seattle WA, New Rochelle NY, and all Cruises.** | | | | | | | |
| □ Yes | | □ No | |  | |  | |

If yes, please indicate the affected country(s):

1. Do you have any of the following flu like symptoms: fever, dry cough, body aches, headaches, sore throat, runny nose, shortness of breath? (*Note: This refers to new or unusual symptoms not aligned with medical history. You may exclude known personal medical conditions that have the same symptoms, e.g. Allergies, history of migraines.)*

|  |  |
| --- | --- |
| □ Yes | □ No |

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