

March 16, 2020

COVID-19/Coronavirus Visitor Statement

We are committed to the health safety of all individuals who visit our facilities given the ongoing COVID19/Coronavirus health crisis, therefore, this visit must be preapproved.

Please review and attest that none of the conditions below apply.

- I have not come into direct contact with persons proven to be infected with COVID-19/Coronavirus, and
- I have not been in contact with a person currently quarantined or previously quarantined, and
- I have not exhibited any flu-like symptoms including fever, cough or respiratory problems within the last 14 days prior to my visit

I attest that none of the above apply prior to being given access to your facility.

Date: ____/____/____

Signature: _____

Name: _____