



# Vendor Visitor Form

Full Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**In order to be proactive and safeguard the health of our employees and visitors, we ask that you provide us with the following information before you visit with us:**

Do you have a temperature? Yes\_\_ No\_\_

Have you had a temperature in the last 24-48 hours? Yes\_\_ No\_\_

Have you had any of the following symptoms in the last 7 days?

- Loss of Smell
- Runny Nose
- Sore Throat
- Dry Cough
- Difficulty Breathing

Have you been tested for coronavirus? Yes\_\_ No\_\_

If yes, please give the date of your last negative test. Date: \_\_\_\_\_

Have you had any travel outside the US within the last 14 days? Yes\_\_ No\_\_

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