



Visitor Screening Questionnaire

Visitor Name: _____

Phone Number: _____

Email: _____

1. Have you recently traveled to any area under quarantine or government restrictions due to the novel coronavirus (COVID-19) outbreak within the past 14 days?

Yes No

If yes, what date did you return? _____

2. Have you had any close contact with a suspected/confirmed case of COVID-19 infection within the past 14 days?

Yes No

3. Are you currently experiencing any of the following flu-like symptoms (fever, cough or shortness of breath)?

Yes No

Please understand that failure to complete and sign this screening form will prevent your access to Jordan Foster Construction facilities.

By signing this screening form, you agree to participate in this process and to the release of provided information, in confidence, to your Jordan Foster Construction site contact and/or facility screening administrator. This information is to be used solely for the purpose of determining risk as it relates to the current COVID-19 outbreak.

To the best of your knowledge, answers to questions provided above are truthful and accurate.

Visitor signature: _____ Date: _____

Please notify your Jordan Foster Construction site contact immediately if any of the above information changes after your visit.