

On-Site Visitor COVID-19 Screening Questionnaire

DATE: _____

Visitor's Name: _____
(PLEASE PRINT CLEARLY)

Visitor's Company: _____ Phone Number: _____

To reduce the risk of COVID-19 exposure to Paragon Laboratories employees, ALL visitors MUST complete the following screening questionnaire to be allowed on-site. If you answer **YES** to questions 1, 2, 3*, and 5 or **NO** to question 4, you will not be permitted access to any of Paragon Laboratories, Inc. facilities.

*[*Exceptions may apply to essential service providers who must travel to Paragon from another location as may be the case for critical instrumentation repair or service. Any exceptions must be approved in advance by the Pandemic Response Team.]*

TEMPERATURE CERTIFICATION: *I hereby certify that I have been fever-free [temperature of less than 100.4 °C] without the use of fever-reducing medication for the past 24 hours. I also certify that I am not feeling feverish and/or have taken my temperature this morning prior to reporting to work, and my temperature was less than 100.4 °F. I understand that I may be required to have my temperature verified using a non-contact thermometer prior to being granted entrance to Paragon Laboratories, Inc. facilities.*

1. a. Are you currently experiencing **ONE** or more of the following primary symptoms: Fever, Cough, or Shortness of Breath?

OR

b. **TWO** or more of the following symptoms: Chills, repeated shaking w/ chills, muscle/body pain, headache, sore throat, new loss of taste/smell, rash, fatigue, diarrhea, congestion/runny nose, nausea/vomiting (excluding symptoms from a known medical condition)?

 YES or **NO**

If YES, list symptom(s) & date of onset: _____

2. Have you had close contact, within the last 14 days, with an individual diagnosed with COVID-19?

 YES or **NO**

If YES, date exposed & under what conditions? _____

3. Have you traveled via airplane, or other methods of travel, internationally or domestically, in the last 14 days?

 YES or **NO**

If YES, please explain and list destinations: _____

4. Have you been following ALL current federal, state, and local orders and following proper social distancing?

 YES or **NO**

If NO, please explain: _____

5. Are you cohabitating with an individual that is currently experiencing any COVID-like symptoms listed in 1a and 1b, who would answer 'YES' to questions 2 and 3, or would answer 'NO' to question 4 above?

 YES or **NO**

Please explain: _____

The answers to the above questions are accurate and complete to the best of my knowledge.

Visitor Signature & Date: _____

Site Manager or Delegate Signature & Date: _____