

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 team members, 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 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 [**measured temperature of less than 100.4°C and/ or not feeling feverish**] without the use of fever-reducing medication for the past 24 hours. I understand that I will 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, Uncontrolled Cough, or Atypical New Onset of Shortness of Breath?

OR

b. **TWO** or more of the following symptoms (not explained by a known physical condition): Loss of Taste or Smell, Muscle Aches, Sore Throat, Severe Headache, Diarrhea, Vomiting, Abdominal Pain?

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: _____