

COVID-19 Screening Questionnaire

Dear Sir / Madam,

To prevent the spread of COVID-19 (a coronavirus) in our community and reduce the risk of exposure to our staff and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone at this facility. Thank you for your time.

Please save your completed form by your first and last name then email to:

Security-MFC-TX-Gra-WFD.VisitLM@lmco.com

Visitor Full Name:	Visitor Business Phone No.:	Visitor ID - SSN or Passport #
Organization:		Date(s) of Visit:
LM Visit Location:	LM Visit Host Full Name:	LM Visit Host Phone No.:
Purpose of Visit: <input type="radio"/> Business Meeting <input type="radio"/> New Hire Onboarding <input type="radio"/> Other: _____		

Self-Declaration by Visitor	
1	Do you feel unwell with respiratory symptoms such as cough, fever or shortness of breath? <input type="radio"/> Yes <input type="radio"/> No
2	Have you been in close contact with someone with a confirmed case of COVID-19 in the last 14 days? <input type="radio"/> Yes <input type="radio"/> No
3	Have you lived in or traveled from/through China (including Hong Kong & Macau), South Korea, Northern Italy (Lombardy and Veneto provinces) or Iran in the last 14 days? <input type="radio"/> Yes <input type="radio"/> No
4	Have you lived in or traveled from/through Japan, Singapore, Taiwan, Thailand, or Vietnam in the last 14 days? <input type="radio"/> Yes <input type="radio"/> No

I understand my incoming visit will not be considered for approval until a completed and signed form has been submitted to the above email account. Your visit host will confirm your visit approval.

Visitor Signature: _____ **Date:** _____

****If visit has been approved and you begin to develop symptoms, or any of the above answers change, prior to your visit please reach out to your meeting host immediately prior to arriving at the facility.****