



VISITOR ENTRY SCREENING FORM

Classic Coil takes the safety of our employees, customers, suppliers and communities seriously. To support our efforts, we are asking that you complete this simple screening questionnaire. *Bring a copy of this form to the facility and give to your host or receptionist. A new form will be required for each visit. Information collected will be used to determine your access rights to our facilities.*

Name:	Personal Phone Number (mobile/home):
Company/Organization:	Name of Host:
Location Visiting:	

VISITOR	I. PRE-VISIT SCREENING – To be reviewed/completed by Visitor PRIOR TO ARRIVAL	
	1.	Have you experienced any cold or flu-like symptoms in the last 10 days : <input type="checkbox"/> Fever <input type="checkbox"/> Shortness of breath/difficult breathing <input type="checkbox"/> Chills <input type="checkbox"/> Loss of taste or smell <input type="checkbox"/> Cough <input type="checkbox"/> None
	2.	Have you had close contact with someone diagnosed or suspected to have COVID-19 within the last 10 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
	3.	Are you subject to a quarantine order? Yes No
	<i>If you answered "Yes" to any of the above questions, you are not permitted to visit our facility.</i>	
	4.	Are you fully vaccinated*? Yes No <small>*Fully Vaccinated Visitors willing to present proof of vaccination and meet the definition of fully vaccinated ≥ 2 weeks after second dose (Pfizer/Moderna) or single dose of J & J are required to wear a mask when unable to maintain 6' distance and while in common areas and required to follow all other COVID policies.</small>
5.	Are you a US Citizen? Yes No	

Visitor Name: _____

Signature: _____

Date: _____

FRONT DESK	II. ONSITE SCREENING – Conducted by Front Desk	
	1.	Temperature screening: Clear (Green Light indicated) Yes <input type="checkbox"/> No <input type="checkbox"/>
	2.	Verified status of Pre-Visit 1-3 has not changed? Yes <input type="checkbox"/> No <input type="checkbox"/>
	3.	Contractor is on pre-authorized contractor calendar Yes <input type="checkbox"/> No <input type="checkbox"/> If no, contractor requires an escort. Escort name _____
*Fully Vaccinated Verification		Date of single dose (J&J) or 2nd dose (Pfizer or Moderna): _____ Fully Vaccinated Date: _____
Visitor Cleared	Yes	No

Screeener Name: _____

Signature: _____

Date of Screening: _____