



Coronavirus (COVID-19) Facility Entry Process - Visitor Information

Today's date:		
Site visited:		
Visitor's first name:	Last name:	
	Company:	
1. Have you travelled outside the country in the last 14 days	Y	N
2. If "YES", please note the countries you have recently visited and your date of exit		
Names/s of country/ies visited during last 14 including date of exit:		
•		
•		
•		
3. To your knowledge, have you had close contact with anyone who has been diagnosed or suspected to have contracted the COVID-19 virus? (Close contact is defined as: being within approximately 2 metres of a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on))		
	Y	N
4. Have you experienced a Fever (>38oC) within the last 24 hours AND any of the following symptoms: Continuous cough, sore throat, breathing difficulties		
	Y	N

I hereby certify the absolute accuracy of the information above,

Date:

Signature:

**this data will only be used for the immediate assessment and will be destroyed after 30 days of the visit*

THANK YOU FOR YOUR SUPPORT