



VISITOR HEALTH SCREENING FORM

Dear Guest,

Out of care for our team, guests and community, we are temporarily requiring that site visitors complete a COVID-19 screening questionnaire. This is part of our effort to prevent the spread of the virus and to reduce the risk of exposure for our team and partners, including yourself.

Entrance to the site is contingent on your completion of this form, as well as approval by a designated Tyler 2 Construction team member who will review the document. This form will be considered confidential and will be destroyed 30 days after the signing date. We appreciate your patience and participation as we keep safety top of mind.

Visitor's Full Name:		Phone Number:		
Please list all countries and states you or an immediate family member have travelled to/from in the past 14 days:				
Visitor's Organization/Company:				
Name of Tyler 2 Jobsite:		Recorded by Staff (Name):		
Self-Declaration By Visitor				
1	<input type="checkbox"/> No symptoms	If you have the following symptom(s), please tick the relevant box(es):	<input type="checkbox"/> Fever <input type="checkbox"/> Sore throat <input type="checkbox"/> Dry cough <input type="checkbox"/> Runny nose <input type="checkbox"/> Body aches	<input type="checkbox"/> Tiredness <input type="checkbox"/> Headaches <input type="checkbox"/> Shortness of breath
2	To your knowledge, have you been in contact with a confirmed COVID-19 patient in the past 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Signature (Visitor): _____ Date: _____

Signature (Reviewer): _____ Date: _____

Additional Comments:



DAILY UPDATE RECORD

I hereby attest that the information I provided on the front of this form is still true and accurate on today's date.

Signature (Visitor): _____ Date: _____

Signature (Reviewer): _____ Date: _____

Additional Comments:

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Signature (Reviewer): _____ Date: _____

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