

To prevent the spread of COVID-19, coronavirus, in our facilities and reduce the risk of exposure to our team members and partners, we require the completion and submission of this short health screening questionnaire in advance of your visit or return to site. Please complete and return ASAP to your Barry-Wehmiller host.

Your health and the health of our team members is our priority. We are taking these precautions to promote a healthy and safe environment for all individuals who enter our facilities. The Barry-Wehmiller facility reserves the right to deny entry to anyone displaying symptoms and/or unwilling to follow facility protocols and, therefore, may request postponement of your visit until a later date. Any personal information collected will only be used to inform our COVID-19 response efforts.

Thank you for helping us take precautionary measures to protect you and everyone in our facilities. We appreciate your partnership.

Visitor Name:	Personal Contact Number:
Government Issue Photo ID #:	Company:
Barry-Wehmiller Host Name, Contact Number & Department:	

Visitor Self-Declaration	
1.	Have you, or any member of your immediate family sharing a household with you, experienced flu-like symptoms (including, but not limited to, cough, fever and/or shortness of breath) in the past 14 days? Yes No (If you are experiencing any of these symptoms, please consider contacting your healthcare provider.)
2.	To your knowledge, have you been in contact with a confirmed or suspected COVID-19 patient in the past 14 days? Yes No
3.	Have you been to any highly affected area experiencing COVID-19 infections in the past 14 days? Yes (If Yes, where: _____) No

Signature (Visitor): _____ Date: _____

Signature (Host): _____ Date: _____

To be completed by Barry-Wehmiller upon visitor arrival to site	
Visitor permitted to proceed to visit area	Yes No
<i>If "No", contact Barry-Wehmiller host to explain reason for declination of entry.</i>	

Signature (BW Designee): _____ Date: _____