



COVID-19 Visitor Questionnaire

The safety of our employees, supplier partners, customers, families, and visitors remain Xigent Automation Systems' priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, Xigent is taking precautionary steps based on the recommendations of the Centers for Disease Control and Prevention (CDC). To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are requiring a mandatory screening questionnaire to protect you and everyone in this building.

What Xigent is doing:

- Facility cleaning crews have been instructed to use new cleaning products recommended by various health organizations that kill numerous viruses.
- Facility cleaning crews have increased their frequency of cleaning common contaminated areas such as kitchen surfaces, doorknobs, and bathrooms.
- Restrict vendor and supplier visitation, including denying entry to any individuals that have traveled to an area designated by the CDC as Level 3 or has been in contact with individuals who have traveled to the designated areas over the last 14 days. **As of March 4, 2020, the areas currently identified by the CDC as Level 3 due to the coronavirus are: China, Iran, Italy, South Korea.**
- Avoiding all nonessential travel for Xigent employees.

Please fill out the below Visitor Self-Declaration:

Visitor's Name:	Personal Phone Number (Mobile/Home):
Visitor's Company/Organization:	Name of Xigent Host:
Purpose of Visit:	Arrival Time and Duration of Visit:

Self-Declaration by Visitor	
1	Have you returned from a high-risk country; China, South Korea, Italy or Iran within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you been in close contact with anyone who has traveled within the last 14 days to one of the countries listed as high-risk? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/>

If the answer is "yes" to any of the questions, access to the facility will be denied.

Signature (visitor): _____ Date: _____

Note: If you plan to be onsite for consecutive days, please immediately advise your Xigent host if any of your responses change. The information collected on this form will be used to determine access to any Xigent facilities.