Visitors & Employee Log

Anyone entering this workspace must sign in, provide contact information, and acknowledge COVID exposure status.

Date	Time In	Time Out	Print Name	Contact Information *(must be at least a working phone number)*	Have you: ➢ Experienced COVID-19 symptoms ➢ in past 14 days? ➢ Had a positive COVID-19 test in past 14 days? ➢ Been in close contact with confirmed or suspected COVID-19 case in past 14 days?
					☐ NO ☐ YES – STOP. DO NOT ENTER!
					☐ NO ☐ YES – STOP. DO NOT ENTER!
					☐ NO ☐ YES – STOP. DO NOT ENTER!
					☐ NO ☐ YES – STOP. DO NOT ENTER!
					☐ NO ☐ YES – STOP. DO NOT ENTER!
					☐ NO ☐ YES – STOP. DO NOT ENTER!
					☐ NO ☐ YES – STOP. DO NOT ENTER!
					☐ NO ☐ YES – STOP. DO NOT ENTER!
					☐ NO ☐ YES – STOP. DO NOT ENTER!
					☐ NO ☐ YES – STOP. DO NOT ENTER!
					☐ NO ☐ YES – STOP. DO NOT ENTER!
					☐ NO ☐ YES – STOP. DO NOT ENTER!
					☐ NO ☐ YES – STOP. DO NOT ENTER!