



## Site Visit Form

Objective: new Coronavirus prevention

Visit Date: \_\_\_/\_\_\_/\_\_\_\_\_

Visitor's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_

**Dear Visitor, please inform and check if you have any of the conditions below:**

- 1. Current or recent fever
- 2. Any respiratory symptom: cough, breathing difficulty, sputum.  
Others \_\_\_\_\_
- 3. Contact with person who has received the confirmed diagnosis of Coronavirus
- 4. I don't have any of the items above

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_.