The safety of our employees, their families, customers, and visitors remains GBP’s overriding priority. As the outbreak of the “coronavirus” (COVID-19) continues to evolve and spreads globally, GBP is closely monitoring all visitors to our facilities. **Until further notice all visits to GBP facilities must be pre-approved.**

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, we are conducting this simple questionnaire. **Each visitor is required to complete this questionnaire prior to entry.**

|  |  |
| --- | --- |
| Visitor Name: | Visit Date: |
| Visitor Company/Organization: | GBP Facility:  |
| Visitor Mobile/Home Phone Number: | GBP Host: |

|  |
| --- |
| **Self-Declaration by Visitor** |
| 1 | Have you returned within the last 14 days from any of the countries listed on <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html> ?* Yes ☐ No
 |
| 2 | Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?* Yes ☐ No
 |
| 3 | 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 ☐ No
 |

**Note: When onsite, or if you plan to be onsite for consecutive days, please immediately advise your GBP host if any of your responses to the questions change. The information collected on this form will be used to determine your access rights to GBP facilities.**

Visitor Signature: Date:

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| --- |
| **GBP USE ONLY** |
| Reviewer Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Review Date: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Access is (circle or check one): ***If the answer to any of the questions above is ‘Yes’, access must be denied*** |
| ☐ Approved - Visit Date Only | ☐ Approved - Through Date: \_\_\_\_\_\_\_\_\_\_\_ | ☐ Denied |