The safety of our employees, their families, customers, and visitors remains GBP’s overriding priority. Accordingly, until further notice **all visits to GBP facilities must be pre-approved**, andwe are requiring **each visitor to complete this questionnaire prior to being permitted entry to any GBP facility.**

|  |  |
| --- | --- |
| Visitor Name: | Visit Date: |
| Visitor Employer: | GBP Facility: |
| Visitor Phone Number: | GBP Host: |

|  |  |
| --- | --- |
| **Self-Declaration by Visitor** | |
| 1. | **Do you have any of the following symptoms?**   * No ☐ Yes Cough * No ☐ Yes Shortness of breath or difficulty breathing * No ☐ Yes Fever within the last 72 hours * No ☐ Yes Chills/shaking * No ☐ Yes Muscle pain * No ☐ Yes Sore throat * No ☐ Yes New/sudden loss of taste or smell |
| 2. | **Have you had close contact with (live with, provide direct care for, or been within 6 feet of for more than 15 minutes) any person who is suspected by a medical professional to have or has been confirmed to have COVID-19?**   * No ☐ Yes |
| 3. | **Have traveled internationally in the past 14 days?**   * No ☐ Yes If Yes, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Return to U.S.: \_\_\_\_\_\_\_\_\_\_ |

**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:

|  |  |  |
| --- | --- | --- |
| **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 |