LSM TECHNOLOGIES

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COVID -19 QUESTIONNAIRE

Date:

Company Name: **Visitors Name:**

Location Visiting: **Contact Phone:**

Email: **Whom Visting:**

Purpose for Visit:

Please complete the below for each Visitor

1.	Do you have a confirmed case of COVID-19?	YES	☐	NO	☐
2.	Are you currently in self or mandatory isolation?	YES	☐	NO	☐
3.	Have you travelled overseas within the past 14 days?	YES	☐	NO	☐
4.	Are you experiencing flu-like symtoms?	YES	☐	NO	☐
5.	Have you been in contact with anyone diagnosed with COVID-19?	YES	☐	NO	☐

Signature: _____ **Date:** _____

Personal information provided will be held in accordance with the LSM Technologies Privacy Policy- download from this link