



COVID-19 Visitor Questionnaire

The safety of our employees, supplier partners, customers, families and visitors remain R-V's primary concern. As the pandemic (coronavirus disease 2019 (COVID-19)) outbreak continues to evolve and spread globally, the R-V Response Team is closely monitoring the situation and periodically updating company guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization. Only business critical visitors are permitted at any R-V facility at this time.

To prevent the spread of the pandemic and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone on our premises. Thank you in advance for your cooperation.

Visitor's Name:	Personal Phone Number (Mobile/Home)
Visitor's Company /Organization	Name of Host:
Circle R-V Location ID: Honey Brook - Morgantown - Exton	

Self-Declaration by Visitor	
Have you had close contact with someone diagnosed with COVID-19 within the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you traveled internationally in the past 21 Days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you experienced any cold or flu-like symptoms or any fever in the last 14 days? E.g.: Fever, Cough, Shortness of breath or difficulty breathing, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat, New loss of taste or smell	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is "yes" to any of the questions, access to the facility will be denied.

If you plan to be onsite for consecutive days, please immediately advise your R-V host if any of your responses change. The information collected on this form will be used to determine your access right to R-V facilities.

By signing this form, I acknowledge that:

- I have answered these questions truthfully.
- I have read and been informed about the content, requirements, and expectations of visitors at R-V.
- I agree to abide by the guidelines as a condition of my access to an R-V facility
- I will follow good hygiene practices:
 - Frequently wash hands 20 seconds, Avoid touching eyes, nose mouth, Cover nose/mouth while coughing/sneezing, Use social distancing of 6 feet from individuals.

Signature (Visitor): _____

Date: _____

Signature (R-V Host): _____

Executive Signature: _____

Date: _____

Access to Facility (Circled one): **Approved** Denied

April 15th guidelines: Identify employees that were in close contact (within 6 feet for about 10 minutes) with a person with a probable or confirmed case of COVID-19 from the period 48 hours before symptom onset to the time at which the patient isolated. Employees who had contact with CIVID-19 positive during the time the employee had symptoms and 48 hours prior should be considered exposed. Implement temperature screening before employee enters the business prior to the start of each shift. Send employee home is temperature is 100.4 or higher.