



## COVID-19 Visitor Declaration

**All visitors will be required to complete this form prior to gaining access to any Sharp facilities. Your visit is subject to approval prior to your visit. Upon arrival, you will be required to complete and sign this or a similar form.**

1. In the last 14 days, have you or any member of your household, traveled to any country or geographic region where the United States Centers for Disease Control and Prevention recommends avoiding nonessential travel (the “Affected Areas”) as currently listed on the USCDC website?

*Please Circle:*      Yes                  No

2. In the last 14 days, have you or a member of your household had contact with any person **suspected** to have contracted coronavirus (COVID-19)?

*Please Circle:*      Yes                  No

3. In the last 14 days, have you or a member of your household had contact with any person **confirmed** to have contracted coronavirus?

*Please Circle:*      Yes                  No

4. Do you currently have any flu-like symptoms (cough, shortness of breath, fever, or any other flu-like symptoms)?

*Please Circle:*      Yes                  No

If you answer yes to any of the above questions, please do not travel to a Sharp site until receiving approval from your host at Sharp. Sharp reserves the right to refuse entry to its facilities for any reason, regardless of your answers to this questionnaire. By signing below, you certify that the answers above are true.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Name of Sharp Host: \_\_\_\_\_

Organization: \_\_\_\_\_

