

COVID-19 Visitor Declaration Form

Visitor Name: Date: Date: Phone:				
		Phone:	Phone:	
Becł	ntel Point of Contact:			
Purp	ose of Visit:			
curre		d health of all employees and visitors. As we are e interest of ensuring a safe and healthful work onnaire:		
1.	Have you been diagnosed as h	aving COVID-19 within the last 14 days?	□ Yes	□ No
2.	Have you had a potential exposure to COVID-19 (e.g., being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19) within the last 14 days?			□ No
3.	Are you currently experiencing or have experienced any of the following COVID- 19 symptoms within the last 14 days? If yes, check all that apply:			
	 Cough; or Shortness of breath or difficulty breathing; or Fever; or 	 Muscle pain; or Sore throat; or New loss of taste or smell; or Gastrointestinal symptoms like nausea vomiting, or diarrhea 	□ Yes	□ No

- Use of a disposable face mask or cloth face covering
- Practicing respiratory etiquette, including covering coughs and sneezes
- Practicing frequent handwashing
- Participating in temperature screening

Visitor Signature:

Date:

Please submit this form to Lobby Security or the Bechtel Point of Contact and wait for approval before traveling to the work/meeting location.

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