In an effort to reduce the risk of COVID-19 exposure to Habitat employees and customers, **all** visitors must complete the following screening questions:

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

Visitor's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visitor's phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **​Self-Declaration by Visitor**​ ​ | | |
|  | **YES** | **NO** |
| Have you tested positive for COVID-19 within the last 14 days? |  |  |
| Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? |  |  |
| Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)? |  |  |

Visitors answering yes to any of the above questions, or who refuse to complete the self-declaration will not be permitted access to the Habitat for Humanity building or site.

Visitor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For internal use:**

Access to facility (circle one):                     Approved                            Denied

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_