



## GE Digital Hub

### Visitor / Contractor COVID-19 Pre-Screening Questionnaire

To protect the health of safety others, please answer the following questions. You will not be permitted to enter the site unless you have answered this questionnaire. This information is necessary to prevent the spread of disease. All the information collected will be kept confidential and will be properly disposed of after 45 days.

Name of Visitor / Contractor:		
Please put a check as appropriate to the following questions:	If Yes (Specify Country)	No
1. In the past 14 days have you had: - History of travel from Mainland China, South Korea, Japan, Italy, Iran or any other country		
OR		
2. Close contact with a person who is confirmed/under investigation for COVID-19?		
OR		
3. Do you have <b>ANY</b> of the following symptoms?		
Fever or feeling feverish		
Cough		
Shortness of Breath		

**If you answered YES to any the above questions, then:**



**You will NOT be allowed to enter the site. If you are completing this on the premise, leave the site immediately. If you have been to one of the regions above and have symptoms call your healthcare provider to explain your symptoms and past travel or contact history and ask for next steps.**

**Visitor Signature:** \_\_\_\_\_

**Approved to enter facility?**

☐ Yes | ☐ No