# INTRODUCTION

Dear Sir/Madam

To prevent the spread of COVID-19 in our community and reduce the risk of exposure to our staff and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

|  |  |
| --- | --- |
| Visitor’s name: | Personal contact number (Mobile number/Home): |
| NRIC / Passport no: if necessary | Nationality |
| Organization of visitor (if applicable): | |
| Meeting venue/ level / department to visit: | Name of host: |
| Temperature reading of visitor: | Recorded by staff (name): |

|  |  |
| --- | --- |
|  | Self-declaration by visitor |
| 1 | No Symptom  If you have the following symptom(s), please tick the relevant box(es)  Headaches  Body Aches  Dry Cough  Fever  Shortness of breath  Tiredness  Runny nose  Sore throat  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2 | Have you been in contact with a confirmed COVID-19 patient in the past 14 days?  No  Yes |
| 3 | Have you been to an affected country or lockdown public place/area(s) in the past 14 days?  Yes  If yes, please indicate the affected country(s) or area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |

**Signature (visitor):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Note: information captured is used for contact tracing if required

Suspected infection case at work