



Applied Vision  
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### VISITOR COVID-19 QUESTIONNAIRE

At Applied Vision, safety is our primary core value. As the outbreak of the coronavirus (COVID-19) continues to evolve and spread globally, Applied Vision is closely monitoring the situation and the recommendations provided by the Centers for Disease Control and Prevention (CDC).

In an effort to prevent the spread of COVID-19 and reduce the risk of exposure to our employees and visitors, we are requesting that you complete this short screening questionnaire. Your participation is important to assist us in taking precautionary measures to protect you and others in this facility.

<b>Visitor Name:</b>	<b>Visitor Phone Number:</b>
<b>Visitor Company/Organization:</b>	<b>Applied Vision Host:</b>

If the answer to any of the following questions is "yes," access to the facility will be denied.

Visitor Self-Declaration	
<b>1</b>	<b>Within the past 14 days, have you returned from any country/state for which a <u>Level 3</u> Travel Health Notice for COVID-19 has been issued by the CDC (<a href="https://wwwnc.cdc.gov/travel/notices">https://wwwnc.cdc.gov/travel/notices</a>)?</b>  YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>2</b>	<b>Within the past 14 days, have you had close contact with or cared for someone who has been diagnosed with COVID-19 or suspected to have COVID-19?</b>  YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>3</b>	<b>Within the past 14 days, have you experienced any of the following symptoms: fever (&gt;100.4°F), cough, sore throat, or shortness of breath?</b>  YES <input type="checkbox"/> NO <input type="checkbox"/>

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

*Note: If you plan to be onsite for consecutive days, please notify your Applied Vision host immediately if any of your answers change. The information collected on this questionnaire will be used to determine your rights to access Applied Vision's facilities.*

<i>For completion by Applied Vision representative only</i>	
Access to Facility:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>