



Pre-Entry Visitor Covid-19 Self-Screening

Full Name: _____
Phone #: _____ **Email:** _____
Company/Other: _____ **Facility Visiting:** _____
Date Visiting: _____ **Time Visiting:** _____

In the last 14 days have you:

- | | | | | |
|---|--------------------------|------------|--------------------------|-----------|
| 1. Experienced any COVID-19 related symptoms?
(Fever, Cough, Difficulty Breathing) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. Had exposure to a person that was ill with COVID-19? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. Had exposure to a person that is currently being tested for COVID-19? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Been exposed to anyone in Health Care or Agricultural/Farm industries
with infected residents or staff? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. Travelled outside of the country? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

Waiver/Release:

I hereby agree that, in entering the facilities of AV Gauge & Fixture Inc., does so entirely at own risk and hereby releases AV Gauge and its staff from any and all claims associated with the use of the facilities, particularly with respect to potential exposure to any virus or pathogen including Covid-19.

Temperature Testing: **Your temperature may be taken upon arrival at AV Gauge's discretion.**

Visitor's recorded temperature: _____ **Screener name:** _____
(to be completed by Screener)