**Bridge Insurance Limited Health Screening Form for Visitors**

**Private & Confidential**

Dear Visitor,

In order to prevent the spread of the Coronavirus (COV19) in our business and reduce the risk of exposure to our colleagues and visitors, we are conducting a simple screening questionnaire. This is a precautionary measure to protect anyone working in or visiting our offices. Please complete this form and return it to me [meeting host] before the meeting.

Please note, we are not able to admit anyone to our premises without this information or if visitors are considered to be a risk. If you have any concerns, please let us know so that we can make alternative arrangements.

|  |  |
| --- | --- |
| Visitor’s Name: | Visitors Contact number & email address (in case we need to contact you regarding Coronavirus): |
| From which company: | Who are you visiting: |
| Date of the Meeting: | Time of planned Meeting: |

**Self-declaration by the visitor:**

Have you the following symptoms in the past 14 days. Please tick the relevant boxes

|  |  |  |
| --- | --- | --- |
| **Symptoms**  | **YES** | **NO** |
| **Fever** |  |  |
| **Sore throat** |  |  |
| **Dry Cough** |  |  |
| **Body aches**  |  |  |
| **Headaches** |  |  |
| **Runny nose** |  |  |
| **Tiredness** |  |  |
| **Shortness of breath** |  |  |

|  |  |  |
| --- | --- | --- |
| **Health Questions** | **YES**  | **NO** |
| Have you been in contact with anyone who has or who is suspected to have the Coronavirus (COV19) in the past 14 days? |  |  |
| In the past 14 days, have you visited a country that is significantly affected by the Coronavirus (COV19)? If yes, please state which Country.  |  |  |

Signature (visitor):

Date: