



Visitor /Contractor On site Screening Form

Complete this form and return to H.R.

*****Each Visitor / Contractor needs to fill this sheet out prior to entering this building*****

Please provide the following information

Date _____ Requester Name Print _____

Has this visit been Per Approved by the 2020 Covid TASK FORCE

Yes	_____	No	_____
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If Your answer to the above is **No** stop here immediately (Only pre approved visits will be allowed)

1 Person Visiting or contractor employee conducting the actual Work on site

Name Print _____ Phone _____

2 Company Name: Print _____

Company Address: Print _____

Company Phone number: Print _____

3 Name of the UIC employee that will be with Visitor or contractor at all times while in the building.

Name Print _____

4 Reason for Visit _____

6 Building Name and Location in building where Visitor or if contractor will conduct work is to be preformed

Building _____ Location within the building _____

7 **Have You visited or worked in any of the Countries or areas listed below during the past 14 days Considered HOT SPOTS**

***** PLEASE READ THE STATEMENT ABOVE BEFORE ANSWERING THE QUESTIONS BELOW *****

	Yes	No
United States New York – Connecticut – New Jersey (Check CDC Website for current Specific Hot Spot Locations)		
United States (New Orleans, Louisiana) (Check CDC Website for current Specific Hot Spot Locations)		
China		
Iran		
European Schengen Area		
Republic of Ireland		
Malaysia		
South Korea		
United Kingdom (England, Scotland, Wales, Northern Ireland)		

8 **Have you had direct contact with anyone from these Countries or areas listed below during the past 14 days Considered HOT SPOTS**

***** PLEASE READ THE STATEMENT ABOVE BEFORE ANSWERING THE QUESTIONS BELOW *****

	Yes	No
United States New York – Connecticut – New Jersey (Check CDC Website for current Specific Hot Spot Locations)		
United States (New Orleans, Louisiana)(Check CDC Website for current Specific Hot Spot Locations)		
China		
Iran		
European Schengen Area		
Republic of Ireland		
Malaysia		
South Korea		
United Kingdom (England, Scotland, Wales, Northern Ireland)		

9 If any of the above were answered (Yes).

UIC at this time will review this form and Determine if this person was truly in a known hot spot or not.

If the person has been in a known hot spot in 14 days or less please indicate the location and the date they were in this area.

Location _____ Date _____

9a If yes was marked to any of the affected areas in the previous question please complete question 10

(If no to all the above ,Skip to question 11

10 Do you have or have you recently had, a persistent cough: yes ___ No ___

If yes, please indicate for how long _____

What is your current temprature _____ Degree F

11 To your knowledge, have you had close contact with any person with the COVID-19 virus: Yes__ No__

*(close contact in this case would be defined as being within 6 feet of another person)

If yes, was it greater than 14 days ago? Yes _____ No_____

If yes, what is your current temperature: _____

Print Name _____

Date _____

Sign Name _____

NOTE: Any questions above answered with a Yes. Access to the building will most likely be denied.

Questions answered Yes with 14 or more days since last exposure to hot spot or Covid 19 person.

Visitor/Contractor may still be allowed to enter after H.R reviews the completed Form

Return completed Form to Julie Johnson ,Senior HR Generalist -Conklin