

Dear Sir/Madam,

It is General Digital's recommendation that all persons restrict non-essential travel whenever possible, and never travel when sick. However, we understand that it is sometimes necessary or unavoidable.

To prevent the spread of novel coronavirus 2019 (COVID-19) in our community, and help ensure the health and safety of our employees and visitors, we request that visitors take a few moments to complete this simple screening questionnaire. Also, you may be subject to additional health screenings including, but not limited to, having your temperature checked.

We appreciate your participation, as it is important to help us take precautionary measures to protect you and everyone at this facility.

All information collected will be used for the sole purpose of determining access to General Digital's facility.

We have implemented and maintain appropriate technical, security, organizational measures, and policies and procedures designed to reduce the risk of unauthorized disclosure or access to the information collected within this questionnaire.

The information collected will be retained for a reasonable period of time, not to exceed six (6) months from the date of collection, unless otherwise required by local, state or federal authorities or legal proceedings.

Please save your completed form by your first and last name, then e-mail it to your GD contact.

Visitor Full Name:		Visitor Business Phone No.:	
Home State/Country:	Work State/Country:	Organization:	
Date(s) of Visit:	GD Host Full Name:		
Purpose of Visit:			

Self-Declaration by Visitor	
1	Do you feel unwell with respiratory symptoms such as cough, fever or shortness of breath? <input type="radio"/> Yes <input type="radio"/> No
2	Have you been in close contact with someone with a confirmed case of COVID-19, or been directed to self-quarantine, in the past 14 days? <input type="radio"/> Yes <input type="radio"/> No
3	In the past 14 days, have you been on any international travel?*
	<input type="radio"/> Yes <input type="radio"/> No *Any "Yes" answers should be directed to health and wellness professionals prior to allowing entry into the facility.
4	Have you traveled to or from any of the states that the State of Connecticut has listed as having a new daily positive test rate higher than 10 per 100,000 residents, or a state with a 10% or higher positivity rate over a 7-day rolling average? To check the affected states, please reach out to your GDC host or visit: https://portal.ct.gov/Coronavirus/Covid-19-Knowledge-Base/Travel-In-or-Out-of-CT . <input type="radio"/> Yes <input type="radio"/> No

I understand my incoming visit will not be considered for approval until a completed and signed form has been submitted to the appropriate e-mail account. My visit host will confirm my visit approval.

Visitor Signature: _____

Date: _____

****If your visit has been approved and you begin to develop symptoms prior to arrival at our facility, please immediately reach out to your meeting host at General Digital.****

Revision 3: 15 July 2020