



In an effort to reduce the risk of COVID-19 exposure to M.E Therapeutics | Endeavors employees, clients and visitors...please answer the following screening questions and bring with you, or email a copy to **Elements@MidgeLMT.com**.

Date: _____

Visitor's name: _____ Visitor's phone number: _____

Person/department visiting: _____

Self-Declaration by Visitor		
	YES	NO
Have you traveled to [insert company determined list of countries] or been in close contact with anyone who has traveled to those areas within the last 14 days?		
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)?		

Visitors answering yes to any of the above questions will not be permitted access to [Company name]'s facility.

Visitor signature: _____

For internal use:

Access to facility (circle one): Approved Denied

Employee name: _____ Employee signature: _____