

Visitor / Contractor Pre Screening Form

Complete this form out and submit to the 2020 TASK FORCE

*****You need to fill a separate sheet for each person looking to enter the building *****

Please provide the following information

- 1 **Date** _____ **Requester Name** Print _____
- 2 Name of Visitor Or Contractor that will be entering the building for this request
 Name print _____ Phone Print _____
 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 the Visit _____
- 5 Date when Visit or service is planned to occur _____
- 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 **Has this person visited or worked in any of the Regions listed below during the past 14 days**

***** PLEASE READ THE STATEMENT ABOVE BEFORE ANSWERING THE QUESTIONS BELOW *****	Yes	No
South America		
Eastern Europe		
India		
List ALL countries visited in the past 14 days here:		
- 8 **Has this person had direct contact with anyone who has been in the Regions listed below during the past 14 days**

***** PLEASE READ THE STATEMENT ABOVE BEFORE ANSWERING THE QUESTIONS BELOW *****	Yes	No
South America		
Eastern Europe		
India		
List ALL countries that you know of here:		
- 9 **List all US States & Cities this person has worked or visited in the last 14 days over 50 miles radius from building they are requesting entry**

<u>State</u> _____	<u>City</u> _____	<u>Date when last in this location</u> _____
<u>State</u> _____	<u>City</u> _____	<u>Date when last in this location</u> _____
<u>State</u> _____	<u>City</u> _____	<u>Date when last in this location</u> _____
<u>State</u> _____	<u>City</u> _____	<u>Date when last in this location</u> _____
<u>State</u> _____	<u>City</u> _____	<u>Date when last in this location</u> _____
<u>State</u> _____	<u>City</u> _____	<u>Date when last in this location</u> _____
- 10 **If this 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 _____
- 11 **Requester Signature** _____

2020 TASK FORCE	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Date _____
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UIC at this time will review this completed form and Determine if and when this person can access to building.

NOTE: NYS requires mandatory self-quarantine when traveling from particular state under penalty of fine. We reserve the right to go beyond NYS guidelines.