

# Universal Instruments Visitor/Contractor On-site Screening Form

**\*\*EACH VISITOR/CONTRACTOR NEEDS TO FILL OUT THIS SHEET PRIOR TO ENTERING THE BUILDING\*\***

**Complete this form and return to HR to approve and return from to visitor/contractor**

## Please Provide the Following Information:

Date: \_\_\_\_\_ Requester Name (please print) \_\_\_\_\_

Has this visit been Pre Approve by Joe Mott, VP HR? Yes \_\_\_ No \_\_\_

## Visitor/Contractor information:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

## Name of UIC employee that will be with Visitor/Contractor while they are in the facility:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Building: \_\_\_\_\_

Location in building where visit/work will be performed: \_\_\_\_\_

## Travel History:

**Have you traveled to or had contact with anyone who has traveled or worked in the regions listed below within the last 14 days?**

China Yes \_\_\_ No \_\_\_

Iran Yes \_\_\_ No \_\_\_

European Schengen Area (Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City)

Yes \_\_\_ No \_\_\_

United Kingdom Yes \_\_\_ No \_\_\_

Republic of Ireland Yes \_\_\_ No \_\_\_

Brazil Yes \_\_\_ No \_\_\_

South Africa Yes \_\_\_ No \_\_\_

**List all countries visited in the past 14 days:**

\_\_\_\_\_

**List all US States & Cities you have visited in the past 14 days over a 50 miles radius of the site you are visiting:**

State \_\_\_\_\_ City \_\_\_\_\_ Date \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ Date \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ Date \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ Date \_\_\_\_\_

For any NON ESSENTIAL traveler to New York State from a noncontiguous state, US territory or CDC level 2 and higher country, the new guidelines for travelers to test-out of the mandatory 10-day quarantine are below: For travelers who were out-of-state for more than 24 hours: Travelers must obtain a test within three days of departure, prior to arrival in New York. The traveler must, upon arrival in New York, quarantine for three days. On day 4 of their quarantine, the traveler must obtain another COVID test. If both tests comes back negative, the traveler may exit quarantine early upon receipt of the second negative diagnostic test.

## Covid-19 Screening:

Any known close contact with a person confirmed or suspected to have COVID-19 in the past 14 days?

Yes \_\_\_ No \_\_\_

## Have you experienced the following symptoms?

Cough Yes \_\_\_ No \_\_\_ Shortness of Breath Yes \_\_\_ No \_\_\_

Trouble Breathing Yes \_\_\_ No \_\_\_ Fever Yes \_\_\_ No \_\_\_

Chills Yes \_\_\_ No \_\_\_ Muscle Pain Yes \_\_\_ No \_\_\_

Headache Yes \_\_\_ No \_\_\_ Sore Throat Yes \_\_\_ No \_\_\_

New Loss of Taste Yes \_\_\_ No \_\_\_ New Loss of Smell Yes \_\_\_ No \_\_\_

## Have you had a positive Covid-19 test in the past 14 days?

Yes \_\_\_ No \_\_\_

**If you answered yes, you must provide a negative test result no more than 72 hours prior to visit, to be reviewed before approved to come onto site.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sign Name: \_\_\_\_\_

**\*\*\*For Office Use\*\*\***

Date of Arrival: \_\_\_\_\_ Temperature: \_\_\_\_\_ F° <http://corp0003/HR/hrinfo.nsf/covid?OpenPage>

Rv.02/05/2021