

STEELCASE VISITOR HEALTH SCREENING QUESTIONNAIRE

The health and safety of our employees, customers, families and visitors remains the top priority of Steelcase. As the Coronavirus situation continues to evolve globally, we're asking you to complete this screening to help prevent the spread of or exposure to COVID-19. If you answer "yes" to questions 1 or 2, we respectfully request you reschedule your visit or request a virtual consultation. If you answer "no" to these questions and plan to proceed with your visit, please print this document and bring it with you.

While in our facility, we ask you to exercise safe social distancing guidelines, avoid handshakes and abide by current health guidelines to frequently and thoroughly wash your hands.

Visitor Name:	Visitor Mobile/Home Phone Number:
Visitor Company/Organization	Steelcase Host:
Facility Name:	
Planned date of Steelcase visit:	

SELF DECLARATION BY VISITOR	
1.	Have you 1) been diagnosed, 2) been in contact with someone who has been diagnosed or 3) been in contact with someone who may have been exposed to COVID-19 within 14 days of your visit to Steelcase?
2.	Have you experienced a 1) cough or 2) a shortness of breath or difficulty breathing within 14 days of your visit to Steelcase?
3.	Have you experienced at least two of these symptoms – 1) fever, 2) chills, 3) repeated shaking with chills, 4) muscle pain, 5) sore throat or 6) new loss of taste and smell – within 14 days of your visit to Steelcase?

If you answered "yes," please defer your visit. If you answer "no," please proceed. Thank you.

Access to facility (circle: **APPROVED** / **DEFERRED**)

Note: If you plan to be onsite for consecutive days, please immediately advise your Steelcase host if any of your responses change.