**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. **Please fill out and submit this form no sooner than 48 hours before your visit.**

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

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| --- | --- |
| **SELF DECLARATION BY VISITOR** | |
| **1.** | **Have you experienced any of the following symptoms – 1) cough, 2) a shortness of breath or difficulty breathing, 3) fever, 4) chills, 5) repeated shaking with chills, 6) muscle pain, 7) sore throat or 8) new loss of taste and smell – within 10 days prior to your visit to Steelcase?**  **Yes or No** |

If you answer “yes”, we respectfully request you reschedule your visit or request a virtual consultation. If you answer “no”, please plan to proceed with your visit. **If you have been diagnosed or in contact with someone who has been diagnosed with COVID-19 within 10 days of your visit to Steelcase, we respectfully request that you follow CDC guidelines to wear a mask while on our property.** We also ask you to avoid handshakes and abide by current health guidelines to frequently and thoroughly wash your hands. 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.*