



## COVID-19 Screening Tool for Tenants

### This Form Must Be Provided for Each Scheduled Visitor Entry

The health and safety of our colleagues and visitors is our top priority.

Anyone who is experiencing 'flu like' symptoms will not be permitted to enter the facility.

Visitors consents to Epic collecting their information.

No  Yes

In the light of the COVID-19 coronavirus, Epic is taking a precautionary measure as it relates to Visitors entering the Atria Complex.

Name of Your Company: \_\_\_\_\_

Name of Company Visiting: \_\_\_\_\_

Suite / Floor Number: \_\_\_\_\_

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

First and Last Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_

1. Have you traveled by air or cruise ship in the last 14 days or reside with someone who has?

No  Yes

Do you have any of the following Flu like symptoms?

Symptoms	No	Yes
Fever		
Cough		
Shortness of breath		

2. Have you been in contact with someone diagnosed with COVID-19 in the last 14 days?

No  Yes