



Worksite Entry Questionnaire – I work in an office

The following questionnaire must be completed in order to gain entry in your office. Complete the questionnaire, signing off and sending a copy to your manager.

Date/Time: _____

I, _____, employed by _____,
Print Name Company Name

Due to the concerns related to the COVID -19 virus, Graham requires employees and Workforce partners to complete the following questionnaire prior to entering this project.

Please answer the following questions

1. Are you presently experiencing flu like symptoms such as fever, cough, shortness of breath, difficulty breathing or sore throat? Yes No
2. In the last 14 days, did you return from travel outside the country? Yes No
3. Have you been in close contact with a person who has been diagnosed with COVID-19? Yes No

Signature: _____

QR Code for Electronic Questionnaire

