



In an effort to reduce the risk of COVID-19 exposure in LFT, all visitors must complete the following screening questions:

Date: \_\_\_\_\_

Visitor's name: \_\_\_\_\_

Self-Declaration by Visitor		
	YES	NO
Have you traveled in the last fourteen (14) days to or from any country with a level 2 or higher designation (see link below for list of countries) from the CDC or any location with a wide-spread or on-going community spread of COVID-19? <a href="https://wwwnc.cdc.gov/travel/notices">https://wwwnc.cdc.gov/travel/notices</a>		
Have you tested positive for COVID-19 or been in close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)?		

Visitors answering yes to any of the above questions will not be permitted access in LFT's facility.

Visitor signature: \_\_\_\_\_