



If attending a meeting and/or training session at the Connecticut Construction Industries Association, you **must complete this questionnaire prior to entry**. This questionnaire shall be utilized by: (i) Participants in onsite meetings and/or training; and (ii) CCIA visitors.

## Visitor Health Screening Questionnaire (COVID-19)

At Connecticut Construction Industries Association, safety is our primary core value. As the outbreak of COVID-19 continues to evolve and spread, CCIA is closely monitoring the situation and the recommendations provided by the Centers for Disease Control and Prevention (CDC) and the State of Connecticut.

In an effort to prevent the spread of COVID-19 and reduce the risk of exposure to our employees and visitors, we are requesting that you complete this short screening questionnaire. Your participation is important to assist us in taking precautionary measures to protect you and others in this facility. Thank you.

<b>Visitor Name:</b>	<b>Visitor Phone Number:</b>
<b>Visitor Company/Organization:</b>	<b>CCIA Host:</b>
<b>Reason for Visit:</b>	

**If the answer to any of the following questions is “yes,” access to CCIA will be denied until the visitor follows state-prescribed testing protocol.**

Visitor Self-Declaration			
1.	Within the past 14 days have you returned from any country/state for which a Travel Health Notice for COVID-19 has been issued by the CDC or State of Connecticut?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Within the past 14 days have you had close contact with or cared for someone who has been diagnosed with COVID-19 or suspected to have COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Within the past 24 hours have you experienced any of the following symptoms: fever (>100.4°F), cough, sore throat, or shortness of breath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Visitor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: If you plan to be onsite for consecutive days, please notify your CCIA host immediately if any of your answers change. The information collected on this questionnaire will be used to determine your eligibility to access CCIA Offices.**

**For Completion by CCIA Staff Member only:**

**Access to CCIA Office:**  **Approved**  **Denied**