

COVID-19 Visitor Form

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Due to the current situation with the coronavirus COVID-19, all visitors are required to complete this form. ELA Basel reserves the right to refuse entry based on the responses.

First name			
Last name			
Telephone		Email	
Reason for visit			

Are you currently experiencing any flu-like symptoms such as fever, cough, sore throat, runny nose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any reason to believe that you or a family member may have been exposed to COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last 10 days, have you or any immediate family member travelled to any of the countries listed below?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Any country on this list includes all of its areas, islands and overseas territories:</i> Andorra, Armenia, Belgium, Czech Republic. France: regions Hauts-de-France, Île de France; overseas area French Polynesia.		

If you ticked 'Yes' at the last question, please list the following:

Name of country			
Date of arrival		Date of departure	
Date		Signature	