



Visitor Health and Travel Statement – Effective July 23, 2020

In order to prevent the spread of the Coronavirus and reduce the risk of exposure to our team members, their families, and our visitors, we would appreciate you completing this **required form** for entry into the facility as we work to help keep everyone healthy during this unprecedented outbreak.

Visitor Name: _____ Company: _____

Mobile Number: _____

Name of Team Member Host: _____

1. Have you returned from an area heavily impacted by COVID-19 within the last 14-days?

____ Yes ____ No

2. Have you been in direct contact with anyone who has tested positive for COVID-19 in the past 14 days?

____ Yes ____ No

3. Have you been in close contact with anyone who traveled to an area heavily impacted by COVID-19 in the last 14-days?

____ Yes ____ No

4. Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)?

____ Yes ____ No

5. I agree that, if within five days after my visit to Myco, I develop any cold or flu-like symptoms, or find that a co-worker, family member, or anyone I have been in close contact is knowingly exposed to or diagnosed with the Coronavirus, I will contact Dee Crosby at 903-586-0551, to inform them of this occurrence.

____ Yes ____ No

As a general guideline, we appreciate greetings without “shaking hands” during your visit.

Signature: _____ Date: _____

If you answered “Yes” to any of questions 1-4, your visit to Myco will be denied. Please understand we are making this decision in the best interest of everyone’s health and safety. We will work with you on alternative methods of communication in order to conduct your business and appreciate your understanding.

Access to this facility is ____ Approved ____ Denied.

Host Signature: _____ Date: _____

Host Name: _____

Form to be completed by Guest and Signed by Host. Completed form to be given to Dee Crosby.