

**VISITOR HEALTH SCREENING QUESTIONNAIRE**

*The safety of our employees, customers and visitors remains LSP's overriding priority as the coronavirus disease (COVID-19) outbreak continues to evolve and spread globally.*

*To prevent the spread of COVID-19 and reduce the risk of exposure to our employees and visitors, we are screening our visitors and meeting participants. Your cooperation is important to help us to protect you and everyone on this site/in this building or attending this event.*

Visitor name:

Visitor phone number:

Visitor company:

LSP host name:

*If the answer to any question below is "yes", you will not be permitted to enter a LSP facility or attend a LSP meeting/event.*

- |    |                                                                                                                                                                                                             |                              |                             |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. | Have you had contact with or cared for someone with a confirmed or suspected diagnosis of COVID-19 within the last 14 days?                                                                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Have you had personal exposure to a person that has travelled to or from a restricted country or location in the last 14 days? (Please check with your LSP host for a list of current restricted countries) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Have you travelled to or from a restricted country or location within the last 14 days? (Please check with your LSP host for a list of current restricted countries)                                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |

*By signing below, you agree to immediately contact your LSP host to disclose any diagnosis, or suspected symptoms of COVID-19 occurring prior to and up to 14 days after your visit. You also agree that you are voluntarily visiting this LSP facility and LSP will in no way be liable, or otherwise assume any risk.*

Visitor signature:

Date: