

The health and safety of our employees, customers, families, and visitors remain CenterPointe's overriding priority. Only approved essential persons are permitted at any CenterPointe facility at this time.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone at CenterPointe facilities. Visitors are also prohibited from using any CenterPointe property or machinery including but not limited to ladders, tools, or other equipment. Thank you for your time and cooperation.

**Visitor's Name:** \_\_\_\_\_ **Visitor's Phone Number:** \_\_\_\_\_

**Facility Location:** MKE DC PEW **Est. arrival:** \_\_\_\_\_ **Est. Departure:** \_\_\_\_\_

**Boat Name:** \_\_\_\_\_ **Boat Location:** \_\_\_\_\_

**Parts/Materials Required (please call to schedule pick up):** YES NO

**Self-Declaration by Visitor:**

Please circle YES or NO for each of the following questions.

1. Have you returned from any international travel or any domestic location under CDC Domestic Travel Advisory within the last 14 days? YES NO
2. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? YES NO
3. Have you been in close contact with anyone who has returned from any international travel or any domestic location under CDC Domestic Travel Advisory within 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

If the answer is 'YES' to any of the questions, access to the facility will be denied.

**Signature (visitor):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*By signing this page and submitting it to CenterPointe, you certify that all of the information you provided is true and complete to the best of your knowledge.

Note: if you plan to be onsite for consecutive days, please immediately advise CenterPointe office staff if any of your responses change. The information collected on this form will be used to determine your access right to CenterPointe facilities. For more information, please email [craig@centerpointeservice.com](mailto:craig@centerpointeservice.com).

**Access to facility (circle one):** APPROVED DENIED

**Staff Initials:** \_\_\_\_\_