



COVID-19 Questionnaire

The safety of our employees, agency partners, vendors, families and visitors remain St. Louis Area Foodbank’s overriding priority. Our leadership team is monitoring the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization.

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 in this building. Thank you for your time.

Visitor’s Name:	Personal Phone Number:
Visitor’s Company/Organization:	Facility Name:
Reason for Visit:	

Self-Declaration by Visitor		Yes	No
1.	Have you returned from any International travel within the last 14 days?		
2.	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 21 days?		
3.	Have you been in close contact with anyone who has traveled Internationally within the last 14 days?		
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)?		
5.	Have you received a positive COVID test?		
6.	Have you received a subsequent negative COVID test?		

If the answer is “yes” to any of the questions, access to the facility will be denied.

Visitor’s Signature: _____ Date: _____

Note: If you plan to be onsite for consecutive days, please immediately advise one of our Volunteer Center team members if any of your responses change. The information collected on this form will be used to determine your access right to the St. Louis Area Foodbank facility.

Access to Facility (circle one): Approved Denied

Staff Signature: _____ Date: _____