

COVID-19 Screening Checklist for Jobsite Visitors



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Project Name:

Location:

Date:

1. VISITOR INFORMATION

- 1.1 Visitor Name
- 1.2 Visitor Company
- 1.3 Visitor Phone Number
- 1.4 Visitor Email
- 1.5 Reason for Visiting Jobsite
- 1.6 Jobsite Employee Contact

2. COVID-19 HEALTH QUESTIONS

- | | | | | |
|-----|---|-----|----|-----|
| 2.1 | Have you been asked to self-quarantine in the last 14 days? | Yes | No | N/A |
|-----|---|-----|----|-----|

Add note:

- | | | | | |
|-----|---|-----|----|-----|
| 2.2 | Have you been in close contact with anyone who has been asked to self-quarantine in the last 14 days? | Yes | No | N/A |
|-----|---|-----|----|-----|

Add note:

- | | | | | |
|-----|---|-----|----|-----|
| 2.3 | 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 | N/A |
|-----|---|-----|----|-----|

Add note:

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2.4	Have you personally traveled internationally within the last 14 days to areas where COVID-19 cases have been confirmed?	Yes	No	N/A
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Add note:

2.5	Have you been in close contact with anyone who has traveled internationally in the last 14 days?	Yes	No	N/A
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Add note:

2.6	Have you been in close contact with anyone who has been diagnosed with COVID-19?	Yes	No	N/A
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Add note:

3. IF THE ANSWER IS **NO** TO ALL OF THE QUESTIONS ABOVE, YOU MUST AGREE TO THE FOLLOWING.

3.1	I will wash my hands with soap and water or alcohol-based sanitizer before I start work, and frequently throughout the day.	I agree
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Add note:

3.2	I will practice social distancing, sit and/or stand at least 6 ft from other people, and will not shake hands or share food & drinks with others.	I agree
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Add note:

3.3	I will sanitize my work area before I leave the jobsite.	I agree
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Add note:

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- 3.4 I will contact my employer and leave work immediately if I start to feel feverish or have respiratory symptoms.

I agree

Add note:

NOTES