

Visitor Request Form with COVID-19 Declaration

Visitor Information

Full Name:

Email Address:

Phone Number:

Date of Visit:

Purpose of Visit:

COVID-19 Health Declaration

Please confirm the following statements by checking each box:

- ☐ I am not experiencing any COVID-19 related symptoms (e.g., fever, cough, sore throat, shortness of breath, loss of taste/smell).
- ☐ I have not been in close contact with anyone confirmed to have COVID-19 in the last 14 days.
- ☐ I have not traveled internationally in the past 14 days.
- ☐ I agree to comply with all safety guidelines during my visit, including mask-wearing and social distancing.

☐ I confirm that all information provided is true and correct to the best of my knowledge.

Submit Request