

## DRIVER/VISITOR QUESTIONNAIRE (COVID-19)

<b>Visitor's Name:</b>	
<b>Personal Phone number (mobile/home)</b>	
<b>Visitor's Company/Organisation:</b>	
<b>Name of Koopman Host (if visitor):</b>	

### Self-Declaration by Visitors

Have you returned from any of the countries (Italy, Iran, China, South-Korea) within the last 14 days? Yes  No

Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes  No

Have you been in close contact with anyone who has travelled within the last 14 days to one of the countries listed on coronavirus? Yes  No

Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficult breathing)? Yes  No

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

**The information collected on this form will be used to determine your access right to Koopman facilities.**

For more information please call QHSE manager: +31 6 11 47 30 40