



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Contractor Attestation Form

Revision Date: March 2020
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Health Screening Questionnaire

The safety and service of our employees, customers, members, families and visitors remains BCBSM and BCN's overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, we are monitoring the situation closely and will periodically update company guidance based on current recommendations from the Center for Disease Control.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees 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. Failure to complete the required 11 fields on this attestation will result in building access removal immediately.

Thank you for your time.

1. Name:	2. Phone Number:
3. Company/Organization:	4. Sponsors Name:
5. Badge Number:	6. Facility Name:

Self-Declaration	
7.	Have you returned from any of the countries listed as a Level 3 Travel Warning or have you visited any areas of known community spread of COVID-19 in the U.S. such as New Rochelle, New York; Seattle, Washington; San Francisco, California; or other know area within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? <input type="checkbox"/> Yes <input type="checkbox"/> No

*If the answer is "yes" to any of the above questions, access to the facility will be denied.

10. Signature: _____ 11. Date: _____

Note: If you plan to be onsite for consecutive days, please immediately advise your Sponsor if any of your responses change.

Access to facility (circle one): Approved Denied