

Dear Sir / Madam,

In order to help ensure the health and safety of our employees and visitors, we request that you take a few moments to complete this questionnaire. All information collected will be used for the sole purpose of determining access to a Lockheed Martin facility. We have implemented and maintain appropriate technical, security, and organizational measures, policies and procedures designed to reduce the risk of unauthorized disclosure or access to the information collected under this questionnaire. The information collected will be retained for a reasonable period of time not to exceed six (6) months from the date of collection, unless otherwise required by local, state, or federal authorities or legal proceedings.

To prevent the spread of novel coronavirus (COVID-19) in our community and reduce the risk of exposure to our staff and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone at this facility. Thank you for your time.

Please save your completed form by your first and last name then email [*consider inserting your site security VisitLM approving POC email here*](#)

Visitor Full Name:		Visitor Business Phone No.:	
Nationality:	Organization:	Date(s) of Visit:	
LM Visit Location:	LM Visit Host Full Name:	LM Visit Host Phone No.:	
Purpose of Visit: <input type="radio"/> Business Meeting <input type="radio"/> New Hire Onboarding <input type="radio"/> Other: _____			

Self-Declaration by Visitor	
1	Do you feel unwell with respiratory symptoms such as cough, fever or shortness of breath? <input type="radio"/> Yes <input type="radio"/> No
2	Have you been in close contact with someone with a confirmed case of COVID-19 in the last 14 days? <input type="radio"/> Yes <input type="radio"/> No
3	In the past 14 days, have you been on any international travel? ¹ (see footnote below) <input type="radio"/> Yes <input type="radio"/> No

I understand my incoming visit will not be considered for approval until a completed and signed form has been submitted to the above email account. Your visit host will confirm your visit approval.

Visitor Signature: _____ **Date:** _____

¹ Any yes answers should be directed to Business Area security and Health & Wellness professionals prior to allowing entry onto the facility.

****If visit has been approved and you begin to develop symptoms prior to your visit please reach out to your meeting host immediately prior to arriving at the facility.****