## **ROHDE&SCHWARZ**



## **RSNA COVID-19** Visitor Questionnaire

Make ideas real

The purpose of this form is to help ensure a safe working environment for our employees and visitors. The information obtained here will only be used to assess the suitability of an individual to gain access to our

facilities and/or to perform to be filled out by all visito fill out their own form. All	ors on the day of th fields are required.	eir visit PRIOR to their a	arrival to our offices	s. All visitors m	
Visitor Name:					
Company:					
Visitor email (company doma	in if available):				
R&S Host Name:					
Which Rohde & Schwarz	facility are you plan	ning to visit?			
Columbia, MD	Coppell, TX	Hillsboro, OR	Milpitas, CA		
San Diego, CA	Irvine, CA	Other:			
Date of visit:					
Approx. time of arrival:		Anticipated de	Anticipated departure time:		
In order to gain entry to o	ur facilities, you mu	ust agree to each of the	below:		
I agree to wear a ma	sk in all common a	reas (hallway, lobby, ba	throom, break roon	n).	
I agree to maintain a while not wearing a		ance from all R&S empl	loyees and other vis	sitors at all time	es
I agree to wash or sa	anitize hands regula	arly and refrain from sha	aking hands or oth	er contact.	
I agree not to enter a	a Rohde & Schwarz	facility if I have a temp	erature over 100.4	° F.	
Do you now, or have you	recently felt ill or ha	ad any of the symptoms	s of COVID-19,	Voc	NI.

No Yes including: fever, chills, dry cough, shortness of breath, or difficulty breathing? In the last fourteen days, have you had close contact (<6 feet for <5 minutes) with someone confirmed to have COVID-19 or anyone being tested where results Yes No have not been returned?

I confirm that I have filled out this form to the best of my ability and have not filled out the form on behalf of anyone other than myself. V1 - 7.2020