



COVID-19 Screening Questionnaire

To prevent the spread of COVID-19 and reduce the risk of exposure to our workforce and visitors, please take this short questionnaire below. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

First name

Last name

Company/Organization (if applicable)

Phone Number

Name of PDC contact

During the last 14 days, have you traveled to any state or country that currently has a travel advisory in place?

During the last 14 days, have you had close contact with or cared for someone diagnosed with COVID-19?

During the last 14 days, have you been in close contact with anyone who has traveled to one of the following countries: China, Iran, Italy, South Korea?

During the last 14 days, have you experienced any flu-like symptoms (fever, cough, sore throat, respiratory illness, difficulty breathing)?

The completed form can be sent as a PDF to:

s.chaudhry@pdcmachines.com and c.benfield@pdcmachines.com