

Sony Corporation of America – 25 Madison Avenue

COVID-19 Visitor Screening Form

Instructions

You must complete the following short self-assessment prior to your visit to 25 Madison Avenue. **If you answer “yes” to any of the questions below, do not come to the facility and contact your Sony host to reschedule or discuss meeting alternatives.** If you answer “no” to all of the questions below, please proceed to 25 Madison Avenue.

This form is being provided to assist you in performing your own self-assessment. **THERE IS NO NEED TO PRINT OR BRING THE COMPLETED FORM WITH YOU TO THE OFFICE.** Please do not return this form with answers to the questions.

Self-assessment questions

1. In the past 48 hours, have you experienced any of the following symptoms that you cannot attribute to another health condition?

SYMPTOM	YES	NO
Fever (100.4° F or above) or chills		
Cough		
Shortness of breath or difficulty breathing		
Fatigue		
Muscle or body aches		
Headache		
New loss of taste or smell		
Sore throat		
Congestion or runny nose		
Nausea or vomiting		
Diarrhea		

2. In the past 10 days, have you tested positive for COVID-19 or been diagnosed with COVID-19 by a medical professional?

Yes No

3. In the past 10 days, have you had close contact (within 6 feet for a cumulative total of 15 minutes over a 24-hour period) with someone who has a confirmed or suspected case of COVID-19?

Yes No

4. Have you been directed to self-quarantine by a public health authority or by a healthcare provider due to potential exposure to COVID-19?

Yes No

5. Have you been directed to self-quarantine because of travel restrictions imposed by a governmental authority?

Yes No

If you have answered “yes” to any of these questions, you are not permitted to enter the facility.

If you develop COVID-19 symptoms, test positive for, or are diagnosed with COVID-19 within 7 days after visiting 25 Madison Avenue, please inform your Sony host immediately.