



Visitor Check-In Form

Scan the QR code to easily complete on your phone, or fill out this card



BLOOMFIELD COLLEGE

Office Location: _____

Visit Date: _____ Visit Time: _____

First Name: _____ Last Name: _____

Email: _____ Phone #: _____

By signing this card I certify that I am not experiencing any COVID-19 related symptoms, am not living with or caring for an individual who has a suspected or confirmed case of COVID-19, have not been in contact with anyone known or suspected to have COVID-19 in the last 14 days, and have not tested positive for COVID-19:

Signature: _____

V-2020-08



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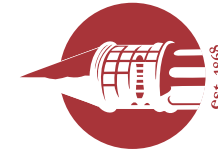
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