

Allied COVID-19 Visitor Questionnaire

Effective August 18, 2020

The safety of our employees, supplier partners, customers, families and visitors remain Allied's overriding priority. Only business critical visitors are permitted at any Allied facility at this time.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a screening questionnaire for ALL visitors. In addition, you will be subjected to temperature check at entry.

Visitor Name:	
Visitor's Company/Organization	
Personal Phone Number	
Name of Allied Host	
e-mail of Allied Host	
Building	<input type="checkbox"/> Deeds Drive <input type="checkbox"/> Third Street

Self-Declaration by Visitor

1	Have you, in the past 30 days, been diagnosed with COVID-19 or reported being exposed to someone diagnosed with COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No Exposure is defined as close contact; 1) Living in the same household as a sick person with COVID-19, 2) Caring for a sick person with COVID-19, 3) Being within 6 feet of a sick person with COVID-19 (for any duration of time), or 4) Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.).
2	Have you experienced any COVID-related symptoms in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Symptom include: Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and/or new loss of taste or smell
3	Have you returned from international travel within the last 14 days or been in close contact with anyone who has traveled internationally within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is "yes" to any of the questions, access to the facility will be denied.

Signature (visitor): _____ Date: _____

Note: if you plan to be onsite for consecutive days, please immediately advise your Allied host if any of your responses change. The information collected on this form will be used to determine your access right to Allied facilities. Any questions should be directed to jgarber@alliedmachine.com

Access to facility (circle one): Approved Denied Temp _____

Forward form to Director of HR Associate's Signature: _____