



## Visitor Health Screening Risk Assessment Form

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. By completing this form and arriving on site at a PTCAlliance location you may be subjective to additional health screening as suggested by the CDC, WHO, or local health departments. Thank you for your time.

Excludes: FedEx, UPS, Truck Drivers and Regular Delivery Services making deliveries at least once per week.

**\*Only business critical visitors are permitted at PTCAlliance at this time**

Visitor's Name:	Phone Number (mobile/home) and E-mail:
Visitor's Company/Organization:	Name of PTCAlliance Contact:
PTCAlliance Facility Name:	

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

Risk Assessment Questions:

Self-Declaration by Visitor		Yes or No
1	Have you traveled outside of the country within the past 30 days? If yes, please list where:	
2	Have you been diagnosed with COVID-19?	
3	Have you been informed that someone you had close contact with may have been exposed to COVID-19 (even if test results are pending)?	
4	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, respiratory illness, difficulty breathing)?	

If you answered "**Yes**" to any of these questions, we kindly ask that you reschedule your visit.

If you answered "**No**" to the above questions, please do the following while visiting:

- Regularly and thoroughly wash your hands with soap and water.
- Avoid touching eyes, nose and mouth.
- Please follow good respiratory hygiene. This means covering your mouth and nose when you cough or sneeze.
- If you begin to feel unwell, please alert your PTCAlliance contact, please go home and contact your healthcare provider.

Signature (visitor): \_\_\_\_\_

Date: \_\_\_\_\_

Please provide a copy of this completed form to your PTCAlliance Contact upon your arrival to your appointment. A copy of this completed form must be present with the PTCAlliance Contact during the onsite meeting and sent to the plant EHS Mgr. for recordkeeping purposes.

[Recipient Name]  
March 16, 2020  
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