The health and safety of our employees, customers, families and visitors remains the top priority of Coilplus, Inc. As the Coronavirus situation continues to evolve globally, we’re asking you to complete this screening to help prevent the spread of or exposure to COVID-19.

|  |  |
| --- | --- |
| Visitor’s Name: | Visitor’s Phone Number (mobile/home) |
| Visitor’s Company/Organization: | Name of Coilplus Host: |
| Coilplus Facility Name: | |

|  |  |
| --- | --- |
| **Self-Declaration by Visitor** | |
| 1 | Have you received a Covid 19 Vaccination? Yes  No  ***(Please note: your proof of vaccination must be presented at the time of your visit, if not you will be required to always wear a mask and social distance to enter the facility) Please refer to company policy.*** |
| 2 | Have you returned from, or connected through, any international countries within 14 days of your visit to Coilplus? Yes  No |
| 3 | Have you been in close contact with anyone who has traveled internationally within the last 14 days?  Yes  No |
| 4 | Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes  No |
| 5 | Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)?  Yes  No |  |

If the answer for questions 2 thru 5 is “yes”, access to the facility may be denied at this time.

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

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

Access to facility (circle one): Approved \_\_\_\_Denied\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_