

VISITOR/CONTRACTOR HEALTH DECLARATION



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|-----------------------------------|--|
| Visitor/Contractor Name: | |
| Visitor/Contractor Company: | |
| Alfa Laval site address: | |
| Alfa Laval Contact whom visiting: | |

HEALTH DECLARATION: By completing this form, I consent to Alfa Laval collecting, using and storing my personal information for the purpose of compliance with Alfa Laval and any Local, State or Federal Government's or properly constituted authority's, policies, procedures, directions, laws or regulations.

INSTRUCTION TO SITE HOST:

1. If **ANY** answer is **YES – STOP. DO NOT PROCEED.** Visitor/Contractor **MUST** be **REFUSED** access to site.
2. If **ALL** answers are **NO – CONTINUE.** Visitor/Contractor is **GRANTED** access to site.

| QUESTIONS | Circle Answer | |
|---|---------------|----|
| | YES | NO |
| I am a confirmed case of COVID-19 (Coronavirus). | YES | NO |
| In the last 14 days, I have had close contact with a confirmed case of COVID-19 (Coronavirus). | YES | NO |
| In the last 14 days, I have returned from ANY overseas destinations. | YES | NO |
| In the last 14 days, I have had close contact with someone who has returned from ANY overseas destinations in the last 14 days. | YES | NO |
| In the last 14 days, I have had close contact with someone with flu-like symptoms (i.e. fever, cough, sore throat, runny nose, fatigue, difficulty breathing). | YES | NO |
| I am suffering from symptoms flu-like symptoms (or in the last 48 hours), which may include: <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Sore-throat <input type="checkbox"/> Running nose or Stuffy nose <input type="checkbox"/> Headache, Aches and pains <input type="checkbox"/> Fatigue <input type="checkbox"/> Breathing difficulty OR any other symptoms (i.e. gastroenteritis related or similar) that may put our sugar/food products at risk. | YES | NO |

I declare that all the information given in this form is true and correct:

| | | |
|--------------------------|------------|--------------------------------------|
| Visitor/Contractor Name: | Signature: | Date: |
| Site Host Name: | Signature: | GRANTED / REFUSED (circle answer) |

