COVID-19 Visitor Questionnaire

The safety of the Innovative members, customers, families and visitors is our top priority. As the Coronavirus Disease of 2019 (COVID-19) continues to spread, the Innovative companies will continue to closely monitor the situation and provide updates to the company employees on recommendations from the Center for Disease Control (CDC) and World Health Organization (WHO).

To prevent the spread and reduce the risk of COVID-19 to our employees and visitors, we are administering this questionnaire along with the wearing of masks and daily thermal screening (Am & PM). Your participation is crucial in helping us protect yourself and everyone else in the facility. Thank you for taking the time to fill this out as it contributes to the health and safety of everyone.

Visitor's Name: 
Visitor’s Phone Number: 
Visitor’s Company/Organization: 
Name employee: 
Facility: 

If the answer is YES to any of the following questions, access to company premises will be denied.

<table>
<thead>
<tr>
<th>Self-Declaration by Visitor</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you returned from any countries within the past 14 days? If so, which countries? Please include locations of any layovers you might have had during your travel.</td>
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<td>2. Have you been in close contact with people potentially exposed or diagnosed with COVID-19 within the past 14 days?</td>
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<tr>
<td>3. Have you been in close contact with anyone who has traveled to any countries within the past 14 days? If so, which countries? Please include any layovers they might have had during their travel.</td>
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<tr>
<td>4. Have you experienced any cold or flu-like symptoms in the last 14 days (fever of 99.5 or higher, cough, sore throat, respiratory illness, or difficulty breathing)?</td>
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</tbody>
</table>

Visitor Signature: _______________________________ Date: ____________
Note: Please advise the management/department you are visiting immediately if any of your responses to the above questionnaire change. The information documented on this form will be used to determine if you will be granted access to company facilities.

Access to Facility:  ___ Approved  ___ Denied  Approver Signature: ______________________

Update Facility Visitor Procedures

To protect the health and safety of everyone at our sites, given the coronavirus outbreak’s continued spread, we will now require additional screening of all visitors prior to entry into our Company facilities.

Effective immediately, all visitors entering company facilities are required to complete a questionnaire. If any questions are answered “yes” access will be denied. The visitor will be respectfully asked to reschedule their meeting or make other arrangements.

If a visitor is approved to enter and plans to be on company premises for consecutive days, there is no need to repeat the questionnaire each day, unless any responses change. Changes should be reported to the company host.

If you have traveled to any of the following countries within the last 14 days (including any travel layovers), or have been exposed to someone who has, access will be denied. This is a list that is updated by the CDC to include any countries where there is a widespread, sustained (ongoing) transmission of the COVID-19 virus.

- most of Europe
- China
- Iran
- South Korea
- Italy
- Japan
- Hong Kong
- Schengen Area