



## Health Screening Form for ADM Visitors

Dear Visitor,

To prevent the spread of COVID-19 in our community and reduce the risk of exposure to our staff and visitors, we are conducting a simple screening questionnaire. Your participation and consent to collect the information below are important to help us take precautionary measures to protect you and everyone in this building. While at an ADM facility, we ask that you follow guidelines recommended by public health authorities, such as washing your hands thoroughly and frequently, avoiding touching of the face, and practicing "social distancing" by reducing handshaking and other interpersonal contact. If you do not wish to participate in our screening process, we regret that you will not be able to enter our facility at this time.

ADM is collecting and using this information for the sole purpose of public health, ensuring your safety, and protecting our facilities and employees. ADM will securely store this form, and it will be destroyed 30 days after your visit. If you become ill in the next 30 days, please contact your host and inform him or her. In such a case, we may notify other individuals at the facility (without identifying you by name, if possible) to ensure they receive appropriate medical attention, and this form may be shared with health officials.

Thank you.

Visitor's Name:	Personal contact number (mobile or home):
Name of host/department to visit:	

<i>Self-Declaration by Visitor</i>	
1	If you have any of the following symptoms, please check the relevant box(es): <input type="checkbox"/> Fever <input type="checkbox"/> Dry Cough <input type="checkbox"/> Shortness of breath
2	Have you been in contact with a confirmed COVID-19 case in the past 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you been to China, South Korea, Iran or Italy in the past 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the affected country or countries:

If you answered "Yes" to any of the questions above, we kindly ask that you not enter our facility at this time.

I hereby consent to ADM's collection and use of the information I have provided for the purposes stated above.

Visitor Signature: \_\_\_\_\_

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