

Fralock Visitor Self-Assessment

Today's Date: _____

Fralock is concerned for the safety of our employees, contractors and vendors. In the interest of ensuring a safe and healthy work environment, we ask that all visitors (vendors, contractors, salespeople and other visitors) carefully complete this self-assessment prior to coming to the facility.

Recent Travel

Yes No

- Have you traveled via Air within the last 14 days?
- International Travel? (return to US must be at least 10 days before coming onsite)

PLEASE READ EACH QUESTION CAREFULLY	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
Have you experienced any of the following symptoms in the past 48 hours: <ul style="list-style-type: none"> • fever or chills • cough • shortness of breath or difficulty breathing • fatigue • muscle or body aches • headache • new loss of taste or smell • sore throat • congestion or runny nose • nausea or vomiting • diarrhea 	YES	NO
Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with: <ul style="list-style-type: none"> • Anyone who is known to have laboratory-confirmed COVID-19? OR <ul style="list-style-type: none"> • Anyone who has any symptoms consistent with COVID-19? 	YES	NO
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?	YES	NO
Are you currently waiting on the results of a COVID-19 test?	YES	NO

If you answered YES to ANY questions, you are prohibited from entering any Fralock facility at this time.

I certify this information is accurate and complete.

(PRINT) Name: _____

Date: _____

Company Name: _____

Visitor Signature: _____

Fralock Executive Signature: _____

Date: _____

If you have qualified yourself through this self-assessment, you may electronically submit this form or sign and submit on site.