



II Stanley Company, Inc.  
 1500 Hill Brady Road  
 Battle Creek, MI 49037  
 269-660-7777

**II STANLEY VISITOR HEALTH SCREENING QUESTIONNAIRE**

The safety of our employees, customers, families and visitors remains II Stanley’s overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spread globally, we are monitoring the situation closely and will periodically update company guidance based on current recommendations from the Center for Disease Control and the World Health Organization.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building or event. Thank you for your time.

<b>Visitor Name:</b>	<b>Visitor Mobile Number:</b>
<b>Visitor Company/Organization:</b>	<b>II Stanley Host:</b>

**If the answer is “yes” to any of the following questions, access to the facility will be denied.**

<b>SELF-DECLARATION BY VISITOR</b>	
1	Have you returned from any of the following countries within the last 14 days? China, Iran, Italy, South Korea (Level 3: Avoid Nonessential Travel designated by the CDC). <input type="checkbox"/> YES <input type="checkbox"/> NO
2	Have you had close contact with or cared for someone diagnosed with the COVID-19 within the last 14 days? <input type="checkbox"/> YES <input type="checkbox"/> NO
3	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? <input type="checkbox"/> YES <input type="checkbox"/> NO

**If the answer is “yes” to the following question, the visit must be approved by an II Stanley Director.**

4	Have you returned from Japan within the last 14 days? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list your business critical situation for meeting at II Stanley:
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Visitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** If you plan to be onsite for consecutive days, please immediately advise your II Stanley host if any of your responses changed. The information collected on this form will be used to determine your access rights into the II Stanley facility.

Access to facility (circle one):    Approved    Denied    by: \_\_\_\_\_ Date: \_\_\_\_\_