



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

I I STANLEY VISITOR HEALTH SCREENING QUESTIONNAIRE

The safety of our employees, customers, families and visitors remains I I Stanley’s overriding priority. As the coronavirus disease 2019 (COVID-19) pandemic continues, 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.

Visitor Policies:

All visits to, and meetings at I I Stanley, will be restricted to only business critical requiring HR or Director Approval. Meetings should be conducted remotely via available electronic equipment. To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees, approved visitors will be required to fill out the Health Screening Questionnaire before entering I I Stanley. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Type of Approved Visitor: CONTRACT EFFEX/ONSTAFF/MFG RES	Approval by HUMAN RESOURCES TIM ANDERSON/SARAH HORWATH	Name of Visitor	I I Stanley Host ORIENTATION TRAINING
Type of Approved Visitor: BUSINESS	Approval by DIRECTOR	Name of Visitor	I I Stanley Host

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

SELF-DECLARATION BY VISITOR	
1	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, chills, cough, cold, sore throat, fatigue, headache, loss of taste or smell, nausea, diarrhea, respiratory illness, difficulty breathing)? <input type="checkbox"/> YES <input type="checkbox"/> NO
2	Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms? Contact is being 6 feet (2 meters) or closer for more than 15 minutes with a person, or having direct contact with fluids from a person with COVID-19 (for example, being coughed or sneezed on). <input type="checkbox"/> YES <input type="checkbox"/> NO
3	Have you had a positive COVID-19 test for active virus in the past 10 days? <input type="checkbox"/> YES <input type="checkbox"/> NO
4	Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection? <input type="checkbox"/> YES <input type="checkbox"/> NO

Visitor Signature: _____ Date: _____

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

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