

DATE: ___/___/___

COVID-19 Health Screening Questionnaire revision 6/16/21

The safety of our employees, customers, families and visitors remains Sumitomo Electric Interconnect Products overriding priority. As the coronavirus 2019 (COVID-19) outbreak continues to evolve and spread globally, the Sumitomo Electric Interconnect Products management team is monitoring the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention (CDC) and state and local governments. To prevent the spread of COVID-19, we are conducting a simple screening. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Please check one: Visitor Contractor Supplier

Name:	Phone Number (mobile/home):
Company Name/Company Department:	Company Contact/Manager

Self-Declaration	
1	Have you or anyone in your household tested positive or been diagnosed with COVID-19 in the last 10 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you or anyone in your household been directed to quarantine or isolate due to COVID-19 by a local/state health official in the last 10 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you, anyone in your household or a close contact returned from any international location in the last 10 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you or anyone in your household been in close contact with or cared for someone who has been diagnosed with or who has tested positive for COVID 19 within the last 10 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Are you experiencing any COVID-19 symptoms in the last 10 days (to include: cough, shortness of breath or difficulty breathing, chills, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, diarrhea or nausea/vomiting)? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Are you experiencing symptoms of a fever? Fever is defined as a measured temperature at or above 100.4°F. <input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is "Yes" to any of the above questions, access to the facility will be denied. **By entering the facility, you affirm that you are truthfully answering "No" to questions 1 thru 6 above.**