



COVID-19 Health Risk Screening Form
For all Associates, Travelers, Visitors

In an effort to protect the well-being of our associates, the following questionnaire has been prepared for evaluating if an individual can gain access to Kamco facilities.

I, _____ certify that the following is true:
(Print your name)

1. I am not subject to Federal, State or local quarantine or isolation orders related to COVID-19.
2. I have not been advised by a health care provider to self-quarantine due to COVID-19.
3. I have not been experiencing symptoms of COVID-19 and seeking a medical diagnosis.
4. I am not caring for an individual who is subject to an isolation order.
5. I have not had close contact with anyone with a confirmed or presumed case of COVID-19 in the past 14 days.
6. I have not traveled outside the United States in the past 14 days.

If any of the above items change, I will let my Supervisor, EHS, or Human Resources know before I come to work.

Signature

Date

Please return this form to the EHS Department