



**VISITOR QUESTIONNAIRE
TO PREVENT THE SPREAD OF COVID-19**

Name: _____ Date: _____
(please print)

Company Name: _____

Cell Phone Number (in event we need to contact you): _____

Hormel Foods Corporation is concerned for the safety of you and others working at this facility. Accordingly, we are following the development of the Coronavirus (COVID-19) pandemic very closely. In the interest of ensuring a safe and healthy work environment, we ask that you carefully complete this questionnaire.

Please answer the following questions:

- Have you had contact with someone diagnosed with the COVID-19 virus in the last 14 days?
 YES NO
- Do you currently have any COVID-19 symptoms, including: fever of 99.5 or higher, cough, shortness of breath?
 YES NO

If the answer to any of the above questions is YES, then admittance to our facility is denied at this time. Please reschedule your visit(s) for a later time.

If you answered NO to ALL of the above questions, you are authorized to enter this Hormel Foods location, but will need to complete this form again for future visits.

I agree to abide by the conditions above in order to receive permission to enter this facility.

SIGNATURE: _____