



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 been fully vaccinated against COVID 19, at least two weeks past receiving a final dose?
 YES NO

If the answer to the above questions is YES, you are authorized to enter this Hormel Foods location as long as you are feeling well but will need to complete this form again for future visits. Please note, since you have received a COVID-19 vaccine and meet the CDC definition of fully vaccinated, at least two weeks after the administration of the final dose, wearing a mask is optional.

If the answer to the above questions is NO, please answer the following:

- 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 either 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 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: _____