

NAL Visitor Health Check

A trained NAL Team Member shall conduct Temperature Screening and document this information on **ALL VISITORS** including truck drivers prior to allowing access to any NAL facility. This form is intended to help prevent the spread of COVID-19 and to reduce the risk of exposure to others. Explain to Visitor this information is required and will be kept confidential. **Complete the form for the Visitor. This is basically an interview.**

Visitor Name: _____ Date: _____ Time: _____

Company: _____ Mobile Number: _____

Name of NAL Host: _____ Dept: _____

Temperature Reading: _____ If necessary, 2nd Reading: _____ 3rd Reading: _____

Please answer the following questions:

1. **Have you traveled internationally in the last 14 days?**
 Yes No If Yes, where & when? _____

2. **Have you been in close contact with anyone that has been tested WITH SYMPTOMS, diagnosed or quarantined in relation to COVID-19 in the last 14 days?**
 Yes No If Yes, who & when? _____

3. **Have you experienced 2 or more cold or flu-like symptoms in the last 14 days (to include fever, cough, shortness of breath, loss of taste/smell, head/body ache, sore throat)?**
 Yes No If Yes, when did they start? _____

4. **Have you had a fever of 100.4 degrees or more in the last 7 days?**
 Yes No If Yes, when did this start? _____

- Visitors with a temperature of 100.3 degrees or lower and answer "No" to all of the above questions, may be granted access to the facility.
- Any person with a temperature of 100.4 degrees or higher and/or answering "Yes" to any of the questions will be denied access to the NAL facility until further notice.
- If the visitor passes the screening and plans to visit multiple days in a week, they will still be required to have a daily temperature screening.
- If the visitor's answers to this form change during their visit, they must notify their NAL host immediately. A new completed form will be required weekly for access.

Access to this facility, _____, is Approved Denied.
List NAL Location

Interviewer Name: _____ Signature: _____

Host notified of Visitor's status? Yes No

<input type="checkbox"/> Corporate Headquarters 2275 S Main St Paris, IL 61944 Tel: 217-465-6600 Fax: 217-465-6607	<input type="checkbox"/> Flora Plant 20 Industrial Park Flora, IL 62839 Tel: 618-662-4483 Fax: 618-662-8143	<input type="checkbox"/> Salem Plant 1875 W. Main St Salem, IL 62881 Tel: 618-548-6249 Fax: 618-548-6256	<input type="checkbox"/> Paris Plant 2277 S Main St Paris, IL 61944 Tel: 217-465-7800 Fax: 217-466-4704	<input type="checkbox"/> Technical Center 36600 Corporate Drive Farmington Hills, MI 48331 Tel: 248-553-6408 Fax: 248-553-6454	<input type="checkbox"/> Muscle Shoals Plant 100 Counts Dr Muscle Shoals, AL 35661 Tel: 256-314-4200 Fax: 256-383-1725	<input type="checkbox"/> Tool Shop 11833 Industrial Park Dr Elberfeld, IN 47613 Tel: 812-983-2663
--	---	--	---	--	--	--