



COVID-19 Health Risk Screening Form

To protect the well-being of our employees, the following questionnaire has been prepared for evaluating if an individual can gain access to VTI/ICON Automation, LLC Facilities.

I, _____ certify that the following is true:

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 healthcare 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 of the United States in the past 14 days.

If any of the above items change, I will inform VTI/IA management prior to entry or if items 1, 2 or 3 become "true" within a 14 day period after leaving VTI/IA's facility I will contact VTI/IA management and notify of the change.

Signature _____, Title/Position _____ Date: _____