



INFECTIOUS DISEASE VISITOR SCREENING FORM

If a request to visit an Alltech site is received during an outbreak of an infectious disease, this form shall be used to screen each visitor before the visit is agreed. If the answers are more than three days old, then they will be answered again before entry into the facility.

Visitor's Name _____

Date of Answer _____

Date of Proposed Visit _____

Alltech Host _____

Table with 3 columns: Question, YES, NO. Rows include questions about illness, travel, symptoms, and contact with infected individuals.

I declare that I have answered the above questions truthfully and to the best of my knowledge.

Signature _____ Date _____

On the day of your planned visit, you must be free of fever (< 100.4° F or < 37.8° C using an oral thermometer) and any other symptoms described above for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines.

By providing personal data through this declaration form, you authorize Alltech, Inc., and its affiliates, agents and/or service providers to collect, use, process and disclose personal data provided, for the purposes of facilitating your entry to and exit from Alltech's premises, verifying your identity, screening and maintaining records of visitors to Alltech's premises and otherwise maintaining the safety and security of Alltech's premises.

Alltech Office Use:

Decision YES / NO Signature _____