

CUSTOMER VISIT @ OMICRON – COVID19 HEALTH AND SAFETY CHECK

Thank you for helping us keep our employees, partners, customers, families and visitors safe during your visit to OMICRON, and for supporting us as we work to prevent the spread of COVID 19. Please complete this quick screening questionnaire in advance of your visit.

Your NAME	
Your COMPANY NAME	
OMICRON SITE to be visited	
DATE OF VISIT:	
REASON FOR VISIT	
DURATION (Days):	

OMICRON COVID 19 Health and Safety Requirements during visits to our locations:

- In advance of your arrival you will be provided simple guidelines for what to do on arrival. On arrival at the OMICRON site, if you need additional support please call the following number 1-800-OMICRON.
- The use of masks is mandatory for all customers and employees independent of vaccination status
- During refreshment and mealtimes adequate social distance will be provided for vaccinated attendees
 - OMICRON will provide separate break and lunch options for unvaccinated attendees and employees (separate room, outdoor tent, off-site restaurant, etc.)
- Hand sanitization will be provided throughout the facility
- Access is limited to the training and demonstration facilities only
- Contact tracing in the event of a positive test result during or following a visit

Declaration of Vaccination Status	YES
I am fully vaccinated and recognize that mask wearing remains mandatory	
I am either: <ul style="list-style-type: none"> Partially vaccinated Unvaccinated Choosing not to share my vaccination status 	
I will follow guidelines for use of masks and social distancing requirements during my time inside the OMICRON Facility. I agree to using alternate options provided for breaks and lunch.	

Please check appropriate box above

I hereby affirm that I have accurately and truthfully answered the question above.

To the best of my knowledge:

I am not currently experiencing any of the common symptoms associated with COVID 19, (sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit)

I have not been in close proximity to any individual who tested positive for COVID-19 within the last 10 days.

I am willing and able to comply to OMICRON's COVID 19 health and Safety requirements during your visit to site.

I am willing to advise OMICRON if I receive a positive test result during or within 10 days of this visit to support contact tracing.

Signature:

Date: