

# Novel Coronavirus (COVID-19) Questionnaire

In light of the potential risk associated with travel and the developing and increasing spread of COVID-19, and in an effort to ensure the health and safety of our team – we are requesting that any outside visitors to any of our operations complete the following questionnaire, a minimum of 24 hours in advance of their scheduled visit.

Completion is voluntary, however, we require a full and complete response to this questionnaire in order to enter our facilities.

Name \_\_\_\_\_

Company \_\_\_\_\_

Requested date of visit \_\_\_\_\_

Requested site of visit \_\_\_\_\_

Your Cooke employee contact \_\_\_\_\_

**1. In the past 14 days have you engaged in any travel, inside or outside of North America, or been in engaged in any type of activity that could have put you in contact or potential contact with anyone infected by Novel Coronavirus (COVID-19)?**

No.

Yes, please see details below.

Date of Travel or Interaction	Location

**PLEASE CHOOSE THE APPROPRIATE ANSWER TO EACH QUESTION BELOW.**

**2. Within the last 21 days, please choose the appropriate answer:**

- |  |     |    |
|--|-----|----|
| <i>Have you had any infectious illnesses or symptoms of infectious illnesses?</i>  | Yes | No |
| <i>Have you been in-contact with anyone with an infectious illness?</i>  | Yes | No |
| <i>Have you had any signs of diarrhea, vomiting, fatigue, respiratory illness or high fever?</i>   | Yes | No |
| <i>Have you recently been to any of the following countries at risk for novel coronavirus COVID 19? (China, Japan, Italy, South Korea, Singapore, Hong Kong, Iran)</i> | Yes | No |
| <i>Has anyone in your household recently visited the above countries or experienced the symptoms listed above?</i>   | Yes | No |

I verify that the above information is accurate. Should any travel plans or health conditions change between the date this form was completed and intended travel date to a Cooke Inc. facility, I shall notify my Cooke contact.

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Signature

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Date

Please forward form a minimum of 24 hours prior to visit to **[pandemicplanning@cookeaqu.com](mailto:pandemicplanning@cookeaqu.com)** for approval of visit.  
All information contained in this form will remain confidential.