

COVID-19 (Coronavirus) Visitor Questionnaire

Prior to visiting a CoorsTek facility, we request that you complete this questionnaire and provide your responses to your CoorsTek contact. If you answer yes to any of the questions below, you are requested to reschedule your visit, provide a remote meeting option or send an alternative company representative.

1. Have you traveled **outside** this country in the past 14 days? Yes No
2. Have you traveled **within** this country in the past 14 days to an area that is still under Stay-at-Home Orders outside your region? Yes No
 - a. This is subject to local quarantine directives and will be applicable as per local jurisdiction.
 - b. If there is not a current travel advisory for the region, a Yes response is acceptable.
3. Do you know if you have been in close contact with anyone diagnosed or presumed positive with COVID-19 in the past 14 days? Yes No
4. Do you currently have a fever or any signs of illness? Yes No

Check those that apply:

- Visitors who answer yes to **one** of these symptoms should reschedule, provide a remote meeting option or send an alternative company representative:
 - Fever
 - Fatigue/weakness
 - Dry cough
 - Shortness of breath
- Visitors who answer yes to **2 or more** of these symptoms should reschedule, provide a remote meeting option or send an alternative company representative.
 - Chills
 - Muscle pain or body aches
 - Headache
 - Sore throat
 - Loss of taste or smell
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

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|----------------------|---------------------------|
| Date: | CoorsTek Contact: |
| Visitor Name: | CoorsTek Facility: |
| Company: | |