



Ford COVID-19 Visitor Screening Notice

Updated as of 08/03/2021

The safety of our employees, supplier partners, customers, families and visitors remain Ford’s overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, Ford Medical and Security are monitoring the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention. Only business critical visitors are permitted at any Ford facility at this time.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening. Your participation is important to help us take precautionary measures to protect you and everyone in this facility. Thank you for your time.

Visitor’s Name:	Personal Phone Number (mobile/home):
Visitor’s Company or Organization:	Name of Ford Host:
Facility Name:	

Visitor Questions	
1	In the last 10 days, have you received a confirmed diagnosis for coronavirus (COVID-19) by a coronavirus (COVID-19) PCR test or from a diagnosis by a health care professional or are you waiting for a pending COVID-19 PCR test result?
2	In the last 10 days, have you had close contact with or cared for someone diagnosed with COVID-19 or are you participating in a COVID-19 clinical study that includes being exposed to the virus? <i>Note: Quarantine period for Michigan locations has been mandated to 14 days. Answer this question according to “In the last 14 days...”</i> <u>Note Below for Q2 Only:</u> Answer “No” if you have had close contact or cared for someone currently diagnosed with COVID-19, but you are 14 days or more since you have completed a COVID-19 vaccination series (which is the required amount of doses for your particular brand vaccine; for example, 2 doses for Pfizer or 1 dose for Johnson and Johnson) and you have no symptoms .
3	Have you experienced any cold or flu-like symptoms in the last 10 days including fever, cough, shortness of breath or difficulty breathing, sore throat, pressure in the chest, extreme fatigue, earache, persistent headache, diarrhea, vomiting, muscle pain, chills, repeated shaking with chills, and persistent loss of smell or taste? <i>Note: Answer “yes” if the symptoms you have experienced in the last 10 days are of greater intensity or frequency than what you normally experience.</i> <i>Note: Answer “No” if you have been evaluated by a healthcare provider and have been released to return to work or you have had a negative COVID-19 PCR test within 10 days after the onset of symptoms.</i>
NOTE	<ul style="list-style-type: none"> • Face masks are required, regardless of vaccination status. • Ford approved face masks will continue to be provided at every entrance.

NOTE: If your country or regional authority recommends or requires a question related to travel, please modify the survey for your region accordingly.

If your answer to any one (or more) of the three questions is “yes”, inform your Ford host that you will not be visiting the facility. You are not required to provide to your Ford host the reason you will not be visiting.

If your answer to each of the three questions is “no”, inform your Ford host that you will be visiting the facility. If your answer to any question changes from “no” to “yes” before or during your visit, do not enter the facility or immediately depart the facility, and then inform your Ford host of your action.

If the answer is “yes” to any of the questions, access to the facility will be denied.

Signature (visitor): _____ Date: _____

The information collected on this form will be used to determine your access to Ford facilities and for management of business operations. For more information, see Ford’s privacy statement at www.ford.com/help/privacy. Any questions should be directed to rtw@ford.com.

Ford hosts: Please visit FAQ’s at <https://www.at.ford.com/en/homepage/news-and-clipsheet/news/2020/2/virus-archive.html> for information about your responsibilities as a host.