

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	l Visit

\_\_\_\_\_

Alltech Host

Question	Response	
	YES	NO
Have you been unwell at any time during the last 14 days?		
This relates to any type of illness, not just those symptoms		
associated with the infectious disease.		
Have you or your household members travelled outside of		
your local region during the last 14 days?		
If yes, please indicate where and in what in mode of transport:		
Do you or your household members have any of the following		
symptoms (currently or within the last 14 days)?		
Fever or chills, cough, shortness of breath or difficulty		
breathing, new loss of sense of taste or smell, muscle or body		
aches, vomiting or diarrhea		
Have you been in contact with a person with symptoms of an		
infectious disease or a confirmed case in the last 14 days?		

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. This is for the safety of other occupants of the building, to avoid transmission of any communicable illness at this time of heightened sensitivity to these conditions. We appreciate your understanding.

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 Of	ffice Use:		
Decision	YES / NO	Signature	
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