

ENCORE WIRE 2020 FLU/COVID-19 ACCESS CERTIFICATION

March 25, 2020

Protecting our Employees, Customers, Suppliers, and Partners are of utmost importance to us during this 2020 COVID-19 Health concern. To gain access to our campus, you will need to review and sign this form. Before signing this document, please review thoroughly and determine whether you can certify that the statements below are true and correct. Should you be unable to truthfully certify, do not complete or sign the screening certification. Encore Wire reserves the right to deny campus access at its discretion.

VISITOR NAME:	DATE:	
COMPANY:	EMAIL:	
ADDRESS:	PHONE:	
REASON FOR YOUR VISIT TO ENCORE:		
1. I DO NOT HAVE ANY REASON TO BELIE	EVE THAT I HAVE BEEN EXPOSED TO	COVID-19 VIRUS.
2. IN THE PAST 15 DAYS, I HAVE NOT TRA WHO HAS.	AVELED INTERNATIONALLY OR BEEN	IN CONTACT WITH ANYONE
3. I AM NOT CURRENTLY SUFFERING FRO	OM ANY OF THE FOLLOWING SYMPT	OMS:
 NON-PRODUCTIVE (DRY) COUGH FEVER RESPIRATORY DISTRESS CHILLS MUSCLE OR BODY ACHES SORE THROAT NAUSEA/VOMITING/DIARRHEA 	1	
Signature:	Date:	Time:
APPROVED/DENIED		
If you are able to certify and sign this for Metcalf, Director of Medical Clinic and W		_

Please feel free to call Duane Metcalf with any questions you may have at 972.562.9473 ext. 493

EWC (Version 2)