



**VISITOR QUESTIONNAIRE  
TO PREVENT THE SPREAD OF COVID-19**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

Company Name: \_\_\_\_\_

Cell Phone Number (in event we need to contact you): \_\_\_\_\_

Hormel Foods Corporation is concerned for the safety of you and others working at this facility. Accordingly, we are following the development of the Coronavirus (COVID-19) pandemic very closely. In the interest of ensuring a safe and healthy work environment, we ask that you carefully complete this questionnaire.

**Please answer the following questions:**

- Have you had contact with someone diagnosed with the COVID-19 virus in the last 14 days?  
 YES       NO
- Do you currently have any COVID-19 symptoms, including: fever of 99.5 or higher, cough, shortness of breath?  
 YES       NO

**If the answer to any of the above questions is YES, then admittance to our facility is denied at this time. Please reschedule your visit(s) for a later time.**

**If you answered NO to ALL of the above questions, you are authorized to enter this Hormel Foods location, but will need to complete this form again for future visits.**

**I agree to abide by the conditions above in order to receive permission to enter this facility.**

**SIGNATURE: \_\_\_\_\_**