



PDSI is concerned for the safety of our employees, contractors and vendors. In the interest of ensuring a safe and healthy work environment we ask that all visitors (vendors, contractors, salespeople and other visitors) carefully complete this self-assessment prior to coming to the facility.

Assessment (Part I)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you traveled within the last 21 days to/from mainland China, Hong Kong, Italy, Japan, Singapore, or South Korea including layovers? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has a member of your household returned within the last 21 days from mainland China, Hong Kong, Italy, Japan, Singapore, or South Korea including layovers? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you had close contact* with a person who has been diagnosed with COVID-19 (Coronavirus)? |

*As defined by health department officials such as WHO, CDC or your state health department.

If you answered yes to question 1, 2, or 3, you are prohibited from entering any PDSI facility for 21 days. The 21 days will begin from the day that you, your household member exited mainland China, Hong Kong, Italy, Japan, Singapore, Iran, or South Korea or will begin upon the first day of no longer having contact with a person diagnosed with COVID-19.

Assessment (Part II)

As a visitor, you are required to conduct this self-assessment before coming onsite to the PDSI facility **each day**:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you have a fever (greater than 38°C/100.4°F) with or without cough or congestion? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have any signs or symptoms of respiratory or flu-like illness or have had signs or symptoms in the past 21 days? |

If you answered yes to question 4 or 5, you are prohibited from entering any PDSI facility. You may return to the site after a 21-day period and when you have been symptom free for at least 72 hours and you have been cleared by your doctor to return to work or normal activities.

I certify this information is accurate and complete.

Name _____

Signature _____

Company _____

Please submit this form electronically to the local PDSI site receptionist or your Project Manager prior to coming onsite. This document is also available at <https://www.pdsicorp.com>.