Self-Certification Questionnaire for admission to Minco

To help ensure a safe and healthy work environment for you and our employees, every visitor (customer, vendor, contractor, salesperson, etc.) is required to complete this questionnaire. Please note that your responses will determine if you are permitted to enter Minco. Please check “Yes” or “No” next to each question.

YES NO

Do you have any of the following COVID-19 symptoms\* (that can’t easily be attributed to something else)? Fever; difficulty breathing; loss of taste or smell; muscle pain; nausea, diarrhea, or vomiting; chills; cough; runny nose or congestion; sore throat; headache; fatigue.

[ ]  [ ]

Have you had close contact\*\* in the last 14 days with a person who has been diagnosed with COVID-19? Close contact is being within 6 feet (2 meters) of a COVID-19 case for a period of at least 15 minutes.

[ ]  [ ]

Have you or a member of your household traveled internationally\*\*\* within the last 14 days? If yes, list countries (including layovers).

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If you begin to show symptoms of COVID within 14 days after your visit, do you agree to inform Minco’s COVID Management Specialist at 763-571-3121 and participate in Minco’s contact tracing process?

[ ]  [ ]

*\* Visitors are prohibited from entering a Minco facility if any possible COVID health concern exists. You may return to Minco after 14 days, or after you have been tested and found negative for Covid-19.*

*\*\* Visitors who have had close contact – within the last 14 days – with someone diagnosed with COVID-19 are prohibited from entering any Minco facility. After 14 days you may visit Minco.*

*\*\*\* Visitors who have traveled internationally must wait 14 days prior to enry at Minco.*

**I attest that my answers are complete and accurate.**

**Printed Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Company : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**