



resolute

Forest Products

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Visitor Screening Form

Please understand that the purpose of this screening is to allow early identification of individuals who might have been exposed to viruses in order to screen for early detection of potential illness. These measures will protect you and prevent the spread of the virus into the workplace and worker community.

SECTION I: Demographics Information

1. Full name (last, first, middle initial): _____
2. Date of Birth: _____
3. Employer: _____

SECTION II: Travel History

3. Have you travelled outside the United States within the past 30 days? Yes No

If yes: What countries and cities did you visit within the past 30 days while you were outside the US? And what dates were you in each city/country?

Country/City	Dates

SECTION III: Exposure Risk and Clinical Screening

4. Have you had recent contact with anyone who was sick?

Yes No

5. In the last 14 days, have YOU experienced any flu-like symptoms? Yes No

If you answered yes to any questions above, contact your primary care physician.

Visitor Signature

Date

Cleared:

Not Cleared:

Resolute-Calhoun Representative Signature: _____