



**Pilgrim's Pride Corporation Policies & Procedures
Live Production**

Policy Name:	COVID-19 Human Coronavirus Questionnaire		
Policy Number:	0000001	Approved by: Jeff Courtney	
Version #:	2	Date:	03/26/2020

Please indicate a response to each question by circling the corresponding answer.

1. Have you or an immediate contact traveled internationally or to the state of New York within the past 14 days? **(YES / NO)**
2. If YES to 1, have you undergone a 2-week quarantine (72 hours for JBS Carriers) and found yourself to be free of respiratory illness and fever without the aid of fever reducing or cough suppressing medications? **(YES / NO / NA)**
3. Have you or an immediate contact been diagnosed with COVID-19 Human Coronavirus within the past 30 days? **(YES / NO)**
4. If YES to 3, have you undergone a 2-week quarantine (72 hours for JBS Carriers) period and been cleared in writing to be free of COVID-19 by a licensed practitioner?
(YES / NO / NA)
5. Have you or an immediate contact had a fever or used fever-reducing medications to treat a fever within the past 72 hours? **(YES / NO)**
6. Have you or an immediate contact had a respiratory illness or used medications to relieve symptoms of a respiratory illness within the past 72 hours? **(YES / NO)**

A YES response to questions 1 and 3 without a corresponding YES response to questions 2 and 4 respectively and/or a YES response to questions 5 and/or 6 indicates the individual does not comply with Pilgrim's COVID-19 Human Coronavirus Guidelines as established on 03/18/2020.

I, _____, confirm that I understand the questions presented to me within this questionnaire and that my responses are truthful to the best of my knowledge.

Signature: _____ Date: _____

Visitor's Company: _____