



## CORONAVIRUS GUEST / VISITOR SELF - DECLARATION

BorgWarner (“BW”) values the health and wellness of its employees and all guests at its global facilities. As a result, precautionary measures are being taken consistent with guidance from the **Centers for Disease Control and Prevention** (“CDC”) and the **World Health Organization** (“WHO”). This guidance will help BW mitigate the risk of exposure to the global outbreak of the Coronavirus, also known as COVID -19. Your help is essential in this important health and safety endeavor.

To guarantee this, one preventive measure at BorgWarner is the mandatory wearing of a mask, that covers your nose and mouth if contact with other people is unavoidable or if a safe distance of 2m cannot be maintained. Please bring along your own mask that covers your nose and mouth as BorgWarner is unable to provide masks.

By providing answers to the questions below and wearing your own mask that covers your nose and mouth, your safety, as well as the safety of all other people on-site can be better protected. BW reserves the right to deny access based upon responses to the questions below and on the basis of having a mask that covers your nose and mouth.

All information collected on this form shall be maintained consistent with BW’s Data Protection and Privacy of Personal Information Policy (visitors may request a copy of this policy from the BW employee host). Thank you in advance for your cooperation

Name of Visitor: \_\_\_\_\_

Company or Employer for Visitor: \_\_\_\_\_  
Organizational Affiliation

Contact Number for Visitor: \_\_\_\_\_

Name of BorgWarner Contact: \_\_\_\_\_

Address / Name of BorgWarner Facility: \_\_\_\_\_



By signing below, I certify that the answers below are accurate and true:

1. In the last 14 calendar days, have you traveled to any country listed as a Warning Level 3 by the CDC?

Yes  No

2. In the last 14 calendar days, have you been in physical contact with anyone that has traveled to any country listed as a Warning Level 3 by the CDC?

Yes  No

3. Have you been in physical contact with or cared for someone diagnosed with the COVID-19 virus within the last 14 calendar days?

Yes  No

4. Have you had any cold or flu symptoms, including but not limit to fever, sore throat, difficulty breathing or other respiratory discomfort within the last 14 calendar days?

Yes  No

Date, Guest Signature:

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Do you have your own mask? Yes  No

Access:      Approved  Denied

Date, signature gate / reception: