Dear Alliant Energy Visitor/Contractor,

In response to the recent Coronavirus (COVID -19) outbreak and the raised pandemic alert status by the World Health Organization (WHO), Alliant Energy is taking precautions to lessen the spread of the virus. All visitors and contractors who enter an Alliant Energy facility or office at this time are being screened. To ensure the health of everyone working on our sites, we ask for your cooperation by completing this questionnaire.

Please put a check mark on your answer to all questions below.

- **Have you traveled outside of the United States in the past 14 days?**

    Yes ☐   **No** ☐

- **Have you had close contact with any possible source of Coronavirus (COVID-19)? (e.g. a traveller who has recently been to the above locations or other locations affected by the virus, a family member, etc.)**

    Yes ☐   **No** ☐

- **Have you had a fever of 37.8˚C / 100.4˚F within the past 24 hours AND**

    Acute respiratory illness with at least TWO of the following:
    - Cough
    - Sore throat
    - Runny nose
    - Nasal congestion

    Yes ☐   **No** ☐

If you meet any of the criteria above, please return home and contact your healthcare provider for further advice. We ask that you arrange for alternate meeting arrangements with your Alliant Energy contact.

If you do not meet the criteria above and agree to the remaining statements below, please sign your name indicating that you have been provided with this information. Thank you for your cooperation.

1. I understand the best practices for hygiene include thoroughly and frequently washing my hands and/or the use of hand sanitizer. This is for my own safety as well as the safety of those around me.
2. I will adhere to Social Distancing as much as possible and attempt to keep 6' distance from others.
3. I will promptly isolate myself and notify my Plant Contact or Plant Management in the event that I feel ill while working on site.

I HAVE REVIEWED THE ABOVE CRITERIA AND COMPLETED TO THE BEST OF MY KNOWLEDGE.

_____

[Print] Last Name   **First Name**

Company Name: _____ ____

Signature: _____

Date: _____

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AS THE VISITOR SPONSOR, YOU HAVE REVIEWED THE ABOVE FORM. IF ANY BOXES ARE CHECKED "YES" PLEASE MAKE ALTERNATE ARRANGEMENTS.

Access allowed: **Yes** ☐   **No** ☐

_____

[Print] Last Name   **First Name**