

To prevent the spread of COVID-19 in our business locations and reduce the risk of exposure to employees, customers and visitors, you are requested to fill and submit the following.

Note: Entry to the facility is permitted only if the visitor has COVID-19 vaccination or PCR test (negative, 72 hours max)

| A. To be filled by the visitor | | | |
|--|---|--------------------------|--------------------------|
| Name | | | |
| Company | | | |
| Contact person at Albwardy Damen | | | |
| Visiting vessel / project / office (**) | | | |
| (** For ADNOC projects: COVID-19 vaccination & PCR negative mandatory) | | | |
| Purpose of visit / scope of work | | | |
| COVID-19 vaccination | YES <input type="checkbox"/> NO <input type="checkbox"/> (provide proof to security) | Vaccination date: | |
| PCR test (negative, max 72 hours) | YES <input type="checkbox"/> NO <input type="checkbox"/> (provide proof to security) | PCR test date: | |
| Validity of declaration form | COVID-19 vaccinated: 7 days PCR tested: 72 hrs. | | |
| Duration of visit | From: To: | | |
| B. Self-declaration | | | |
| S.N | Please tick the relevant box for following | YES | NO |
| 1 | Fever | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Sore throat | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Dry cough | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Diarrhea | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Loss of taste or smell | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Primary contact with any COVID-19 case in the past 10 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Name | | Signature | |

Filled form shall be forwarded to qhse@albwardydamen.com before visit