



31.1.2024

**HEALTH INFORMATION FORM FOR PARTNERS, VISITORS AND CUSTOMERS OF MM KOTKAMILLS BOARDS VISITING BM2 OR SHEET CUTTERS OR THE PAPER MACHINE HALL**

This document is intended for MM Kotkamills partners, visitors and customers. Completing the form is also a prerequisite for access to the paper machine, sheet cutter process and board machine areas. The instructions are not needed when board machine or sheet cutters is shutdown.

Workers at food contact materials manufacturing facilities should pay special attention to diarrhea, sudden stomach symptoms, wounds or skin rashes, feverish sore throat or other serious infectious diseases. In addition, a person with open wounds is not allowed to work in the packing station without appropriate protective equipment.

**Assurance of meeting the health requirements**

I assure that I have no symptoms of diarrhea, stomach illness, food poisoning, feverish sore throat or other serious infectious diseases.

If I get symptoms that are signs of the aforementioned infectious diseases, I will immediately inform my supervisor / contact person.

Also I will not come to MM Kotkamills mill area before I am completely healthy and the withdrawal period recommended by my doctor has expired.

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Time and place

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Company

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Signature and name clarification

*Please return signed document to MM Kotkamills host/contact person, document is valid for one year.*

*Thank you for your co-operation in keeping our production facility food-safe.*