



COVID-19 Temporary Visitor Policy

We are committed to protecting the health and safety of our employees, clients, candidates, and guests. As we continue to monitor the coronavirus situation closely, for the safety of both our staff and visitors to our office, we are implementing new temporary visitor and meeting policies. All scheduled in-person visits and meetings must be for business-essential purposes only and be approved in advance. This policy may change with the introduction of additional governmental guidelines. If so, we will update you as soon as possible. We ask that while on site, you abide by our safety protocols currently in place. We thank you in advance for your cooperation.

To help protect and prevent the spread of COVID-19, we are requiring all visitors to answer the following questions at least 48 hours in advance of their meeting or visit. Should you answer yes to one or more of the following questions, we will call to make alternative meeting arrangements. We assure you that we will always treat your private health and personal data with high confidentiality and sensitivity.

Name: _____ Company: _____

Purpose: _____ Cell Phone: _____

1. Have you or a member of your household had a confirmed case of COVID-19? **Yes / No**
 - a. **If yes**, please indicate date of positive test **and** confirm whether you been cleared by a licensed health care provider to resume contact within established social distancing guidelines **and** that you have been symptom free for at least 72 hours.

2. Are you or any member of your household under active quarantine due to COVID-19 exposure? **Yes / No**
3. Have you or a member of your household been in contact with anyone who has a confirmed case of, or been exposed to COVID-19? **Yes / No**
4. Have you traveled outside of the U.S. within the past 14 days?
Yes / No
5. Have you traveled to/from any domestic destinations currently with a [COVID-19 travel advisory](#), during the past 14 days? **Yes / No**
If yes, please explain: _____
6. Are you experiencing any flu-like symptoms such as respiratory distress, cough, fever, or chills?
Yes / No **If yes**, please explain: _____

Signature: _____ Date: _____

If there are changes to this information prior to your visit, please inform your primary contact immediately so we can make alternative meeting arrangements (video conference) or postpone your visit until a more appropriate time.

Please note: We reserve the right to refuse entry of any individual exhibiting symptoms of sickness upon arrival at our location.