**Sample**

**COVID-19 Response Plan: Visitor’s Health Acknowledgement**

(Company Name) is committed to taking all necessary precautions to keep our employees, clients and visitors safe. In accordance with CDC recommendations, we have implemented Visitor Health screening protocol as part of the Firm’s COVID-19 Response Plan.

In order to enter our work location, (Company Name) requires you wear a face mask/covering and agree to the following Health Screening statements.

1. You are not currently experiencing any symptoms related to COVID-19. According to the CDC these symptoms include:

* Cough
* Shortness of breath or difficulty breathing
* Fever
* Chills
* Muscle pain
* Sore throat
* New loss of taste or smell

**AND**

2. You have not had close contact (within 6 feet/2 meters for more than 15 minutes) with anyone who is either confirmed or suspected of having COVID-19, in the last 14 days, including anyone who is experiencing or displaying any of the known symptoms of COVID-19 (which are listed above) .

**AND**

3. You have not tested positive in the last 14 days, nor have you been tested and awaiting the results for a COVID-19 test.

We appreciate your caring for others and support of a safe and healthy work environment.

Visitor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Visitor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case or Client Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Managing Partner Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_