

COVID-19 Visitor Questionnaire

As the coronavirus (COVID-19) continues to spread, we are focused on the safety of Lightfoot's team members, families, visitors and clients. While Lightfoot has taken enhanced health and safety measures to address the spread of COVID-19 in the workplace, an inherent risk of exposure to COVID-19 exists in any public place where people are present, including at Lightfoot's offices. To help reduce this potential risk of exposure at Lightfoot, please complete this simple screening questionnaire. Your participation is important and will aid our effort to take precautionary measures aimed at protecting you and others in the office. Thank you for your time and understanding.

Phone Number:

Name of Person(s) Visiting:

Name:

Company/Organization:

Lightfoot Office Location (circle one):			Purpose of Visit:
Birmi	ngham	Houston	
Self-Decl	aration		
1	Have you experienced symptoms of COVID-19 within the last 14 days, including fever (100.0 degrees Farenheit or greater), cough, sore throat, shortness of breath, chills, muscle pain, new loss of taste and smell, nausea, vomiting or diarrhea?		
	Yes	No	
2	Have you been diagnosed with COVID-19 or been in close contact* with someone diagnosed with COVID-19 within the last 14 days?		
	Yes	No	
3	Have you travelled internationally or been in close contact* with anyone who has travelled internationally within the last 14 days?		
	Yes	No	
4	Have you been asked to self-quarantine by any doctor, hospital, health provider or employer within the last 14 days?		
	Yes	No	
Visitor Sig	ınature:		Date:
visitor Oig			Date
Access to	facility (circle	e one): Approved	Denied
Authorized	d By:		

*Based upon current CDC guidance, "close contact" for purposes of these questions would include being within six feet of someone for more than a brief period of time (15 minutes or more) or being exposed to a person's respiratory droplets produced when an infected person coughs, sneezes or talks.