



## Visitor Attestation

To minimize the risk of exposure of COVID-19 in our workplace, and to support our contact tracing and notification efforts, we ask that all visitors entering a Foth local office respond to the question below and follow our posted Workplace Safety Practices. This is a voluntary questionnaire. If you prefer not to respond, please let us know. While you will not be permitted entry to the office, meetings can be rescheduled to occur online or via telephone as appropriate.

Visitor Information			
Name:		Company Name:	
Phone Number:		Office Visiting:	
Email:		Primary Foth Contact:	

### Are ALL the following statements true?

- I am not experiencing any fever, cough, shortness of breath, sudden loss of taste or smell, or other cold-/ flu-like symptoms (muscle pain or body aches, chills, respiratory illness, headache, sore throat, congestion, runny nose, nausea, or diarrhea).
- I have not taken medications to manage cold-/flu-like symptoms (fever, cough, shortness of breath, muscle pain or body aches, chills, respiratory illness, headache, sore throat, congestion, runny nose, nausea, or diarrhea) in the past 3 days.
- I have not been in \*close contact or live in the same household with someone being tested/awaiting test results due to known exposure to or symptoms of COVID-19.
- I have not been in close contact or live in the same household with someone who received a positive diagnosis of COVID-19 over the past 14 days.
- I have not been diagnosed positive or awaiting test results for suspicion of having COVID-19 over the past 14 days.
- I have not traveled internationally or been on a cruise in the past 14 days.

Yes, they are all true.     No

If **yes**, you may proceed with your visit.

If **no**, please reschedule your visit to occur online or via telephone as appropriate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_