

# Health Screening Questionnaire — Visitors to Dentons US Offices

**To comply with public health best practices during the COVID-19 pandemic, we respectfully ask that you not enter a Dentons US office if you have an elevated risk of exposure to COVID-19.**

**Name:**

**Email:**

**Contact phone number:**

**Date:**

**Purpose of your visit and the name of the people you are visiting:**

**Please answer the following questions by selecting YES or NO.**

Have you travelled domestically or internationally by air, train, boat or bus in the last 14 calendar days?

Yes

No

Do you have any of the following symptoms: fever (100.0 degrees Fahrenheit or higher), repeated shaking with chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, sore throat, new lost sense of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea?

Yes

No

Are you sick?

Yes

No

In the past 14 calendar days, have you had close contact with someone diagnosed with COVID-19 (excluding people who have had COVID-19 within the past 3 months)?

Yes

No

In the past 14 calendar days, have you been in contact with someone who displayed symptoms of COVID-19, or that you reasonably believe might have COVID-19?

Yes

No

In the past 14 calendar days, have you traveled domestically by common carrier and are NOT yet fully vaccinated (meaning two weeks since the 2nd of a two dose series (e.g., Pfizer or Moderna) or two weeks from a single dose vaccine (e.g., Johnson & Johnson))?

Yes

No

**Dentons Office Use Only**

Date:

Designated Person: