

Health Screening Questionnaire — Visitors to Dentons US Offices

To comply with public health best practices, we ask that you complete the questionnaire below. If you answer yes to either question one or two below, you may not enter a Dentons US office.

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.

Are you fully vaccinated?

Fully vaccinated means it has been two weeks after your second dose in a two-dose series, such as the Pfizer or Moderna vaccine, or two weeks after a single-dose vaccine, such as the Johnson & Johnson vaccine. Fully vaccinated does not require boosters.

Yes

No

Do you have any of the following symptoms: fever (100.0 degrees Fahrenheit or higher), repeated shaking with chills, new or unexplained 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

Within the last 10 calendar days, have you or any of your close contacts been in contact with someone infected with COVID-19? "Infected with COVID-19" means a person tested positive for COVID-19, was otherwise diagnosed with COVID-19, or displayed symptoms consistent with COVID-19, at or near the time of close contact.

Yes

No

PRIVACY NOTICE. The information collected in this form will only be used to screen your eligibility for entering our office, and will be kept confidential. If you have any questions about how this information will be stored and used, please contact Laura Bethke.

Dentons Office Use Only

Date:

Designated Person: