



**LAWLEY GUEST SIGN IN SHEET**

As a guest visiting Lawley, please read through the questions and statements below.  
Please respond "YES" or "NO" next to each one.

\_\_\_\_\_ 1.) Have you knowingly been in close contact in the past 14 days with anyone who has tested positive for COVID-19 or who has symptoms of COVID-19?

\_\_\_\_\_ 2.) Have you tested positive for COVID-19 in the past 14 days?

\_\_\_\_\_ 3.) Have you experienced any symptoms of COVID-19 in the past 14 days? (fever, cough, shortness of breath, or at least *two* of the following symptoms: chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell)

***\*\*\*If you answer "YES" to any of the above questions, we ask that you schedule your visit for a later date.***

\_\_\_\_\_ 4.) I will wear my face covering while visiting Lawley, both in the meeting rooms/offices, and while mobile.

I attest that my answers to these health questions are correct base on my knowledge and belief, and I understand the above visitor policies at Lawley.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Time in

\_\_\_\_\_  
Time out