



LAWLEY GUEST SIGN IN SHEET

As a guest visiting Lawley, please read through the questions and statement 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, nausea/vomiting, congestion/runny nose, diarrhea, headache, sore throat, or new loss of taste or smell)

_____ 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.

If “yes” is the answer to question 1, 2, or 3, we respectfully ask that you reschedule your appointment for a later date.

Signature

Time in

Time out