

External Visitor Questionnaire

Greenberg Taurig is committed to the safety of our employees and visitors. We are asking all visitors to answer the following questions at least 24 hours prior to visiting our office. While visiting our office, you may be asked to follow current CDC and state or local guidelines such as practicing proper hand hygiene. You may be asked to allow us to take your temperature. Admittance of any non-business-related visitors is currently prohibited. Contact information is required for contact tracing purposes only.

Visitor Name: _____ Company Name: _____
Email: _____ Phone # _____
GT Host: _____ Meeting _____
Date/Time: _____

Self-Declaration

1. Please confirm that you have been fully vaccinated. (In accordance with CDC guidelines, “fully vaccinated” means two full weeks after (a) the second dose in a two-dose series (Pfizer or Moderna), or (b) a single-dose vaccine (Johnson & Johnson).)

☐ Yes

☐ No

If “No” to question 1 above, we will need to reschedule your visit at a future date.

2. Have you had any of the following symptoms within the past 14 days? Runny nose, headache, fever, cough, shortness of breath/difficulty breathing, chills, muscle pain, sore throat, or recent loss of taste or smell?

☐ Yes

☐ No

3. In the last 14 days, have you (a) had contact with anyone who has been diagnosed with COVID-19, or (b) been exposed to someone who may possibly have COVID-19?

☐ Yes

☐ No

If “Yes”, to question 2 or 3 above, we will need to reschedule your visit at a future date.

Thank you for understanding. Please sign and date electronically below.

Visitor Signature: _____ Date: _____