

COVID-19 Visitor Questionnaire

The health and safety of our attorneys, staff, and clients are our top priorities. As various COVID-19-related state and local orders requiring business closures and social distancing are revised and eased, Kilpatrick Townsend & Stockton LLP (the “Firm”) will continue to assess these orders, our business requirements, and our attorneys, staff, and clients’ needs to determine a set of guiding principles for the operations of our U.S. locations. Based on current recommendations for safety measures and procedures for workplace safety, only visitors with critical business needs and/or court-ordered proceedings are permitted at any Kilpatrick Townsend office at this time.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Visitor’s Name:	Personal Phone Number (mobile/home)
Visitor’s Company/Organization:	Name of KTS Host:
Office Location:	

Self-Declaration by Visitor

1	Have you returned from any of the countries listed on the CDC website (cdc.gov) within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you had close contact with someone who traveled, via public transportation to include air, bus, train, etc. within the United States within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you been in close contact with anyone who has traveled within the last 14 days to one of the countries listed on the CDC website? Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/>

If the answer is “yes” to any of the questions, access to the facility may be denied.

Signature (visitor): _____ Date: _____

Note: If you plan to be onsite for consecutive days, please immediately advise your Kilpatrick Townsend & Stockton host if any of your responses change. The information collected on this form will be used to determine your access right to Firm facilities.

For Kilpatrick Townsend use only	
Access to Office (circle one):	Approved Denied