



# Visitor Health Screening Questionnaire

As concern over the COVID-19 coronavirus continues to grow, law offices and the National Notary Association is instituting new temporary recommendations and guidance for both Signing Agents, signers/borrowers, clients and lawyers to reduce the risk of exposure.

Please complete and sign this screening questionnaire and submit it to your contracting party before this assignment or appointment. Your participation is essential to help us take precautionary measures to protect you and everyone in this setting.

CLIENT'S NAME

CLIENT'S MOBILE/HOME PHONE NUMBER

CONTRACTING COMPANY

APPOINTMENT ADDRESS

### SELF-DECLARATION BY CLIENT

*If the answer is "yes" to any of the following questions, services will be denied.*

	YES	NO
Have you or household family members returned from international travel within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or household family members had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or household family members experienced any cold or flu-like symptoms in the last 14 days (fever, cough, sore throat, respiratory illness, difficulty breathing)?	<input type="checkbox"/>	<input type="checkbox"/>

CLIENT SIGNATURE

DATE

TO BE COMPLETED BY  
CONTRACTING COMPANY

Access to setting (circle one):

Approved

Denied