

**Paul Hastings**  
**COVID-19 Visitor Health Screen Certification**

Before entering the Paul Hastings office you are required to complete and submit the following Health Screen Certification.

1. Have you at a minimum completed your primary COVID-19 vaccination series (i.e., are fully vaccinated) as of today's date? ☐Yes ☐No
  - *If no, we will arrange for your virtual participation as necessary. If an accommodation is warranted for religious or medical reasons, please reach out to the Benefits team at 800-527-7459 to discuss.*
  
2. Are you currently experiencing, or experienced in the past 10 days (including today), any NEW or UNEXPECTED [COVID-19 symptoms](#) that cannot be attributed to another health condition or recent COVID-19 vaccination (i.e., fever, headache, fatigue, or pain at the injection site during the three days following vaccination) **and** have not been cleared to end isolation or be around others? ☐Yes ☐No
  - *If yes, please reschedule your visit for a time that you are well.*
  
3. Do you currently have or in the last 10 days have you had on-going close contact (e.g., infected household member) with any person with confirmed or suspected COVID-19, irrespective of vaccination status or infection history? ☐Yes ☐No
  - *If yes, please reschedule your visit or we can arrange for your virtual participation as necessary.*
  
4. Have you been ordered to quarantine (i.e., based on close contact or travel) or isolate (i.e., based on positive COVID-19 test or COVID-19 symptoms) and not yet cleared to be around others? ☐Yes ☐No
  - *If yes, please reschedule your visit for a time that you are well.*

By signing below you are certifying to the accuracy of your responses provided in the Health Screen.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Paul Hastings Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_