

NLRB Field Office Visitor Requirements

The following are requirements for all visitors to National Labor Relations Board Regional Field Offices. If visitors cannot comply with these requirements, they should make an appointment to speak to a Board Agent by phone or video by contacting their nearest [Regional Office](#). If visitors do not comply with these requirements, they will not be admitted to NLRB offices, will be asked to leave, and/or will be removed. Visitors should sign and retain this form for inspection by NLRB personnel but do not need to submit it, as the NLRB will not collect or maintain this form.

- (1) **Visitors must not attempt to enter NLRB offices if they have COVID-19, or have [symptoms consistent with COVID-19](#).** Symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
 - If a visitor develops symptoms or tests positive for COVID-19 within 10 days after their visit, they must notify the agent with whom they met at the office.

- (2) **If the NLRB Field Office is in a county with a HIGH COVID-19 hospital admission level, or in a locality with a mask requirement, visitors must wear a well-fitting, high-quality face mask (surgical mask, N95, KN95, N94, or similar) that completely covers their nose and mouth at all times; that fits snugly without gaps; and that does not have exhalation valves/vents. Cloth masks are not acceptable. In all other offices, visitors are strongly encouraged to wear a face mask. Masks will be provided to visitors upon request. COVID-19 hospital admission level information for each NLRB Field Office is available here: <https://www.nlr.gov/field-office-status>.**

- (3) **Visitors are encouraged to maintain physical distance and avoid crowding when COVID-19 hospital admission levels are MEDIUM or HIGH in the county where the NLRB Field office is located.**

- (4) **Visitors are encouraged to use hand sanitizer, provided at the entrance to NLRB offices, before entering.**

I have read and understand the above stated requirements and agree that I will comply with them.

Signature _____ Date _____