

NLRB Headquarters Visitor Requirements

The following are requirements for all visitors to National Labor Relations Board Headquarters Office. If visitors cannot comply with these requirements, they should make an appointment to speak to an employee by phone or video by contacting the relevant office. If visitors do not comply with these requirements, they will not be admitted to the office, 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 Agency employee with whom they met at the office.

- (2) **If Washington DC has a high COVID-19 Community Level, or is subject to a local 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 and not have any gaps; and that does not have exhalation valves/vents. Cloth masks are not acceptable. Otherwise, visitors are strongly encouraged to wear a face mask. Masks will be provided to visitors upon request. COVID-19 Community Level information for NLRB Headquarters is available here:
<https://www.nlr.gov/field-office-status>

- (3) **Visitors must maintain a distance** of at least six (6) feet from others at all times.

- (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 _____