



We're excited to see you.

In the US offices of Bain & Company, to prevent the spread of COVID and protect the health of our employees we ask that you complete the form below to acknowledge our COVID policies prior to welcoming you into our office.

Office Visit Information

Name: _____

Organization Name: _____

Phone Number: _____

Email: _____

Date of Visit: _____

COVID-19 Health Acknowledgement:

Please initial below to confirm agreement.

_____ I affirm that:

- I am not experiencing any of the following symptoms: fever, coughing, fatigue, shortness of breath, sore throat
- I have not traveled from a high-risk COVID area (as defined by [CDC]) within the past 10 days
- I have not come into contact with someone with a suspected or confirmed case of COVID-19 within the past 10 days

Mask Policy:

Please initial below to confirm agreement.

_____ I agree to follow the Bain policy for masking:

- Masks will be optional for any individual who has shown proof of full vaccination (vaccinations are considered full 2 weeks after final dose)
- Masks will be required to be worn while in the office and social distance maintained for any individual who has not shown proof of vaccination