COVID-19 Health Screening Assessment

INSTRUCTIONS:

1. Responses to this health screening assessment must be provided on the day of the event, but before entering the Committee hearing room or office spaces.

2. Responses to this assessment can be emailed to Oversight.Clerks@mail.house.gov or confirmed verbally with Committee staff, before entering the hearing room or office space.

3. Please **DO NOT** submit a completed copy of this health assessment. You should only confirm that you have “answered ‘NO’ to all questions” OR “answered ‘YES’ to at least one question”:

Regarding your personal health, please answer the following questions to the best of your ability*:

- Are you currently experiencing, or have you experienced **within the past 10 days** any of the following symptoms?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>[ ] Yes</th>
<th>[ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever (Temp equal to or greater than 100.4 F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chills with shaking or teeth chattering</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Fatigue</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Muscle or body aches</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Congestion or runny nose</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Sore throat</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Frequent cough</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Sneezing</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Shortness of breath at rest</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Headache</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>
Loss of ability to taste or smell  [ ] Yes  [ ] No

- Are you awaiting COVID-19 test results as a result of actual or potential exposure to a COVID-positive person, or have you been told to isolate or quarantine by a healthcare provider?
  [ ] Yes  [ ] No

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Stop here and follow the directions at the bottom if you completed a full vaccination course at least 14 days ago; OR have been diagnosed with COVID 19 in the past 90 days.

If not, continue to the next two questions before submitting your responses.

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- Are you well, but a member of your household is sick at home with bronchitis-like or cold symptoms, or awaiting the result of a COVID-19 test?
  [ ] Yes  [ ] No

- Have you been in direct close contact with a person with lab-confirmed or suspected case of COVID-19 within the past 14 days??
  [ ] Yes  [ ] No

*If you answered YES to any of the above questions, DO NOT report to the hearing room or any Committee office spaces. Please stay home and consult your personal physician for further guidance.*
COMMITTEE ON OVERSIGHT AND REFORM  
U.S. HOUSE OF REPRESENTATIVES  
117TH CONGRESS

NOTICE OF APPEARANCE OF COUNSEL

Counsel submitting: _________________________________________________

Bar number: ____________  State/District of admission: ________________

Attorney for: _____________________________________________________

Address: _________________________________________________________

Telephone: (________) _______ - __________

Pursuant to Rule 16 of the Committee Rules, notice is hereby given of the entry of the
undersigned as counsel for ________________________________ in (select one):

☐ All matters before the Committee

☐ The following matters (describe the scope of representation):

______________________________________________________________

______________________________________________________________

All further notice and copies of papers and other material relevant to this action should be
directed to and served upon:

Attorney’s name: ________________________________________________

Attorney’s email address: _________________________________________

Firm name (where applicable): _____________________________________

Complete Mailing Address: _______________________________________

I agree to notify the Committee within 1 business day of any change in representation.

________________________________________________________________

Signature of Attorney  Date
Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)* of the Rules of the House of Representatives, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: ____________________________
Subcommittee: __________________________
Hearing Date: __________________________ 
Hearing Title: ____________________________

Witness Name: ____________________________
Position/Title: ____________________________
Witness Type: ○ Governmental  ☑ Non-governmental

Are you representing yourself or an organization?  ☑ Self   ○ Organization

If you are representing an organization, please list what entity or entities you are representing:

FOR WITNESSES APPEARING IN A NON-GOVERNMENTAL CAPACITY
Please complete the following fields. If necessary, attach additional sheet(s) to provide more information.

Are you a fiduciary—including, but not limited to, a director, officer, advisor, or resident agent—of any organization or entity that has an interest in the subject matter of the hearing? If so, please list the name of the organization(s) or entities:

________________________________________________________________________
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Please list any federal grants or contracts (including subgrants or subcontracts) related to the hearing's subject matter that you or the organization(s) you represent have received in the past thirty-six months from the date of the hearing. Include the source and amount of each grant or contract.

Please list any contracts, grants, or payments originating with a foreign government and related to the hearing's subject matter that you or the organization(s) you represent have received in the past thirty-six months from the date of the hearing. Include the amount and country of origin of each contract or payment.

Please complete the following fields. If necessary, attach additional sheet(s) to provide more information.

☐ I have attached a written statement of proposed testimony.
☐ I have attached my curriculum vitae or biography.

*Rule XI, clause 2(g)(5), of the U.S. House of Representatives provides:

(5)(A) Each committee shall, to the greatest extent practicable, require witnesses who appear before it to submit in advance written statements of proposed testimony and to limit their initial presentations to the committee to brief summaries thereof.

(B) In the case of a witness appearing in a non-governmental capacity, a written statement of proposed testimony shall include—

(i) a curriculum vitae; (ii) a disclosure of any Federal grants or contracts, or contracts, grants, or payments originating with a foreign government, received during the past 36 months by the witness or by an entity represented by the witness and related to the subject matter of the hearing; and (iii) a disclosure of whether the witness is a fiduciary (including, but not limited to, a director, officer, advisor, or resident agent) of any organization or entity that has an interest in the subject matter of the hearing.

(C) The disclosure referred to in subdivision (B)(ii) shall include—(i) the amount and source of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) related to the subject matter of the hearing; and (ii) the amount and country of origin of any payment or contract related to the subject matter of the hearing originating with a foreign government.

(D) Such statements, with appropriate redactions to protect the privacy or security of the witness, shall be made publicly available in electronic form 24 hours before the witness appears to the extent practicable, but not later than one day after the witness appears.
False Statements Certification

Knowingly providing material false information to this committee/subcommittee, or knowingly concealing material information from this committee/subcommittee, is a crime (18 U.S.C. § 1001). This form will be made part of the hearing record.

Witness signature

03-01-2022

Date