

Coronavirus (COVID-19) Facility Visitor Screening Form - 2020

In an effort to protect the health of our population and staff we are requiring anyone requesting access to this building must answer the following questions.

DEMOGRAPHICS			
Facility Name (Do Not Abbreviate)			Date of Screening:
Visitor Name Last	First	MI	Time Screened:
Person Visiting Name/Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	
Travel Screen		Yes / No	Additional Information
Have you traveled in state, national, or international travel, including cruises, with known exposure to Covid-19 within the last 2 weeks (14 days)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Where:
In the past 14 days, have you had close contact with a person who is under investigation for 2019-nCoV?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a fever?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: F/C
Do you have any of the following lower respiratory symptoms?			
• Cough?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Shortness of Breath?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If the visitor has traveled in state, national, or international travel, including cruises, with known exposure to Covid-19 OR has a fever OR developed lower respiratory symptoms access to building is DENIED.</p> <p>***If the visitor has traveled in state, national, or international travel, including cruises, with known exposure to Covid-19 AND has a fever AND developed lower respiratory symptoms access to building is DENIED AND direct visitor to self-quarantine AND contact local health department for further instructions.****</p>			
*Note: Symptoms may appear 2-14 days after exposure.			