

COVID-19

FACILITY SCREENING FOR VISITORS

PLEASE READ EACH QUESTION CAREFULLY

(Document response on visitor log)

1. Have you experienced any of the following symptoms in the past 48 hours:



Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19:



cough



shortness of breath

Or at least two of the these symptoms:



fever



chills or repeated shaking with chills



muscle pain



headache



sore throat



new loss of taste or smell

YES

NO

2. Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?

YES

NO

3. Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?

YES

NO

4. Are you currently waiting on the results of a COVID-19 test?

YES

NO