

## VISITORS

### COVID-19 (Self) Health Screen

(Rev. July 1, 2021)

For the safety and well-being of all who enter the School, visitors are required to self-screen upon arrival. Additionally, unless you are fully vaccinated, face coverings are to be worn at least until you reach your destination.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

1. Do you currently have any of the following symptoms?

*If you respond **yes** to **one or more** of the following, please do not proceed any further. If you had an appointment, please contact the individual you were scheduled to meet to make other arrangements.*

Fever (exceeding 100.4°) or chills       Yes    No

Difficulty Breathing                       Yes    No

Shortness of Breath                       Yes    No

New loss of taste or smell               Yes    No

*If you respond **yes** to **two or more** of the following, please do not proceed any further.*

Cough                                         Yes    No

Headache                                     Yes    No

Sore Throat                                 Yes    No

Muscle/Body Aches                       Yes    No

Congestion/Runny Nose                 Yes    No

Diarrhea                                     Yes    No

Nausea or vomiting                       Yes    No

Fatigue                                       Yes    No

2. Have you been in close contact\* with anyone who has been diagnosed with or suspected to have COVID-19 in the past 14 days?    Yes    No   *(If **yes** please do not proceed any further.)*

\*Close-contact is defined as being within 6 feet for at least 15 consecutive minutes of someone who tests COVID positive, OR having unprotected direct contact with their infectious secretions/excretions (i.e., sneeze, etc.).

SIGNATURE: \_\_\_\_\_