

COVID-19 Health Screening Form

When any individual enters the lobby, they will have their temperature taken and the screening tool will be administered.

Clearly **PRINT** information below:

Name: _____ Birthdate (mm / dd): _____

Has the individual:

		Date Range
Traveled internationally within the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did they return to the USA?
*Within the last 14 days, had contact with anyone who tested positive for COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when?

Does the individual have:

		Result
Fever above 100.4F?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, temperature?
Cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If the individual answers yes to any one of the fever, cough, and/or shortness of breath questions, they will be denied access to the facility. The individual will be required to submit a physician's note stating they are clear of any symptoms of COVID-19 before being allowed access to the facility.

**If the individual answers yes to being in contact with anyone who tested positive for COVID-19, they will be denied access to the facility. The individual will not be allowed access to the facility without providing a physician's note stating they are clear of any COVID-19 symptoms. If the individual has traveled internationally within the last 30 days, they will only be allowed access to the facility upon providing a written statement that they self-quarantined for the first 14 days after their return to the United States.*

Staff completing COVID-19 Health Screening Form:

Name: _____

Date: _____

CONTACT INFORMATION:

Chief Kirk Wolfe
940-766-8225