

VISITOR SCREENER FOR COVID-19

The district is required to screen all visitors to determine if they have COVID-19 symptoms, are lab-confirmed with COVID-19, or have had close contact with an individual who is lab-confirmed with COVID-19. Screening questions may be supplemented with temperature check of adults.

Name: _____ Campus/Department: _____

Date: _____ Phone Number: _____

Yes	No	
		Are you lab-confirmed with COVID-19?
		In the past 14 days, have you had close contact with an individual who is lab-confirmed with COVID-19?
		Have you recently begun experiencing any of the following in a way that is not normal for you?
		<ul style="list-style-type: none">• Feeling feverish or a measured temperature greater than or equal to 100°F• Loss of taste or smell• Cough• Difficulty breathing• Shortness of breath• Headache• Fatigue• Chills• Shaking or exaggerated shivering• Significant muscle or body aches• Sore throat• Congestion or runny nose• Diarrhea• Nausea or vomiting

If you answered yes to any of the above:

- You must remain off campus until cleared to return
- Contact _____ for more information

Reminders to follow if you are cleared to return:

- Wear a mask or face covering
- Wash your hands or use hand sanitizer regularly
- Practice social distancing of at least 6 feet

This form must remain confidential. Any form with a yes response will be destroyed once response is addressed.