

Worker & Visitor Screening Template.

To be completed for each person BEFORE entering.

* Required

1. First and Last Name *

Screening of workers and visitors is an important part of keeping COVID-19 out of your workplace. This PDF shows one version that used conditional logic to ask people not to enter if "yes" was selected on question 6 or 7.

2. Phone Number *

3. Email

4. Reason for Visit *

5. Please take your Temperature and record results here *

6. Do you have any of these symptoms? Temperature of 100.4°F or more, Head or Body Aches, Sore Throat, Nausea, Vomiting, Diarrhea, Loss of Taste or Smell *

Mark only one oval.

No

Yes *Skip to section 3 (PLEASE DO NOT ENTER)*

7. Have you been in close contact with anyone with the above symptoms or who has been positively diagnosed with COVID-19 in the last 14 days? *

Mark only one oval.

No

Yes *Skip to section 3 (PLEASE DO NOT ENTER)*

Section 2:

Thank

You!

Also, if you have two or more of these symptoms (Dry Cough, Sore Throat, or Shortness of breath), please DO NOT come in today.

Otherwise, WE LOOK FORWARD TO WELCOMING YOU!

Section 3:

**PLEASE
DO NOT
ENTER**

With an abundance of caution, we request that you do not return until you are fever-free (without medication) for 72 hours and 7 days have passed since your first symptom.