



# COVID-19 Visitor Screening Form

We are following the Center for Disease Control (CDC) guidelines to protect the public, as well as our employees, from the COVID-19 pandemic. To this extent, all individuals (staff and visitors) entering the building must be asked the following questions:

- I confirm that I am not presenting any of these COVID-19 symptoms: \_\_\_\_\_ (Initial)
  - Fever
  - Shortness of breath
  - Dry cough
  - Runny nose
  - Sore throat
- I confirm that I have not been in contact with a person who has been diagnosed with COVID-19 within the past 14 days. \_\_\_\_\_ (Initial)
- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. The CDC recommends social distancing of at least six feet for a period of 14 days for anyone who has recently traveled. \_\_\_\_\_ (Initial)
- I verify that I have not traveled outside the United States within the past 14 days. \_\_\_\_\_ (Initial)
- I verify that I have not traveled domestically within the United States by commercial airline, bus or train within the past 14 days. \_\_\_\_\_ (Initial)

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

