

COVID-19 Visitor Checklist

Every visitor must respond to this checklist to be allowed entry to school property.

Visitor Name: _____ Visitor Company: _____ Date: _____

Time: _____ Phone Number: _____ Building Name: _____

Checklist

Question	Yes	No
Do you have a temperature of 100.4°F or greater?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking fever-reducing medicines, such as those that contain aspirin, ibuprofen or acetaminophen, in order to reduce your fever?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had close contact or cared for someone with COVID-19 within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you returned from travel outside the United States or on cruise ship or river boat within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been directed to self-quarantine by a health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been directed to self-quarantine by the County or State Department of Public Health?	<input type="checkbox"/>	<input type="checkbox"/>
Are you experiencing any of the following symptoms?		
• Chills	<input type="checkbox"/>	<input type="checkbox"/>
• Cough	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
• Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
• Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
• Headache	<input type="checkbox"/>	<input type="checkbox"/>
• New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
• Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
• Congestion or runny nose	<input type="checkbox"/>	<input type="checkbox"/>
• Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>
• Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>

- **If you replied YES to any of the questions above, you will not be permitted to enter school property.**
- **Upon entry to school property:**
 - You must wash your hands or use alcohol-based hand sanitizer.
 - You must wear a cloth face covering at all times.
 - You must observe social distancing by avoiding close contact with other individuals.

I hereby certify that my answers to the above checklist are true and correct.

VISITOR NAME: _____ DATE: _____