**CORONAVIRUS DISEASE (COVID-19) VISITOR HEALTH SCREENING**

Facility Visiting: Ford Community & Performing Arts Center

Visitor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time In: \_\_\_\_\_\_\_\_\_\_ am/pm

Phone #: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ /\_\_\_\_\_\_ / 2021

**In the past 24 hours, have you experienced any of the following unusual symptoms:**

|  |  |  |
| --- | --- | --- |
| Fever? (100.4°F or above) | [ ]  Yes | [ ]  No |
| Atypical Cough? | [ ]  Yes | [ ]  No |
| Atypical Shortness of Breath? | [ ]  Yes | [ ]  No |
| Runny nose or congestion? | [ ]  Yes | [ ]  No |
| Body aches and/or tiredness? | [ ]  Yes | [ ]  No |
| Vomiting and/or diarrhea? | [ ]  Yes | [ ]  No |
| New loss of smell or taste? | [ ]  Yes | [ ]  No |
| Conjunctivitis (‘pink eye’)? | [ ]  Yes | [ ]  No |

**In the past 10 days, have you:**

|  |  |  |
| --- | --- | --- |
| Had close contact (within approximately six feet for a prolonged period of time or for multiple shorter periods of time) with an individual who has tested positive for COVD-19? | [ ]  Yes | [ ]  No |

If visitor answered **“yes”** to any of the above questions the visitor is **NOT** allowed access to the building.

If visitor answered “yes” to the above, was the visitor provided a CDC Sick with COVID-19 Fact Sheet? Yes / NO (circle one)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member contacted to inform them the visitor was not allowed into the building:

Date: \_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ Spoke to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_