

COVID-19 Health screening - Visitors

Name: _____ Date: _____

Purpose of visit: _____

_____ Temperature (taken no longer than an hour before arrival at school)

_____ (yes or no) Have you travelled internationally? Where? _____ Dates of travel: _____
Are you fully vaccinated? _____

_____ (yes or no) Have you received COVID diagnosis or tested positive for COVID-19?
Date: _____

_____ (yes or no) Have you been exposed to any individual who has symptoms of or tested positive for COVID-19? Date of exposure and/or test: _____

If you have been exposed, either at home or at work, and you have not been in contact with your primary health care provider (PCP), we recommend that you contact your PCP to discuss your risks and next steps.

_____ (yes or no) Have you taken any fever reducing medication to reduce fever in the past 24 hours?

Review the COVID1-19 symptoms lists below and check any symptom that you presently have.

If **ONE** of the following symptoms is checked, you should stay home and consult your PCP.

_____ Fever (temperature 100.4) within the last 24 hours

_____ New Cough (for individuals with chronic allergic / asthmatic cough; a change in their cough from baseline)

_____ Shortness of breath

_____ Recent loss of taste or smell

If you have any of the following symptoms, you should seek immediate health care evaluation.

_____ **Bluish lips/ face**

_____ **Difficulty breathing**

_____ **Inability to wake or stay awake**

_____ **New confusion**

_____ **Persistent pain/pressure in chest**

If **TWO** of the following symptoms are checked, you should stay home and consult your PCP.

_____ Chills (with or without persistent shaking)

_____ Diarrhea

_____ Fatigue

_____ New onset of severe headache

_____ Muscle pain

_____ Nasal / head congestion / runny nose (not related to seasonal allergies)

_____ Nausea / vomiting

_____ Sore throat

Disposition: Choose one based on answers and symptoms list above.

_____ Cleared to attend

_____ Stay Home and consult PCP

_____ Seek immediate health care

Signature: _____