

## Visitor Screening Questionnaire (Post at building entrances)

In an effort to protect our residents, clients, and patients, from illness we are screening visitors and volunteers: Thank you for your patience and understanding.

Please answer the following questions based on [CDC's Travel Guidance](#) (Levels 2 and 3):

	No	Yes
I have recently travelled to a country where COVID19 is spreading within the past 14 days	<input type="checkbox"/>	<input type="checkbox"/>
I have been in close contact with people who have traveled to countries where COVID19 is spreading within the past 14 days	<input type="checkbox"/>	<input type="checkbox"/>
I have been around people who are sick with colds or flu	<input type="checkbox"/>	<input type="checkbox"/>
I have symptoms of a cold	<input type="checkbox"/>	<input type="checkbox"/>
I have a fever, or have had a fever within the past week	<input type="checkbox"/>	<input type="checkbox"/>
I have been nauseated or have vomited or had diarrhea within the past week	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOU HAVE MARKED YES TO ANY QUESTION; PLEASE POSTPONE YOUR VISIT FOR AT LEAST 14 DAYS AFTER THE START OF YOUR SYMPTOMS.**

Contact your healthcare provider if your symptoms get worse.

Thank you for your understanding.