



**CORONAVIRUS DISEASE (COVID-19)
VISITOR HEALTH SCREENING**
To be completed before entering a County office or facility.

version 102320

County Department/Office Visiting: _____

Visitor's Name: _____ Appointment Date/Time: _____

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

New or Worsening Cough	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Shortness of Breath	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Or at least two of the following:

Fever (100.4 or above)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____ Current Temperature		
Chills/Repeated Shaking with Chills	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Muscle Pain	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Headache	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sore Throat	<input type="checkbox"/> YES	<input type="checkbox"/> NO
New Loss of Taste or Smell	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Vomiting/Diarrhea	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In the past 14 days, have you:

- Had close contact (within approximately six (6) feet for an accumulated time of 15 minutes within 24 hours) with an individual diagnosed with COVID-19? YES NO
- Engaged in international travel or taken a cruise? YES NO
- Been told by the local health department or your healthcare provider to self-isolate or self-quarantine? YES NO

If you answered “yes” to any of the questions listed above or your temperature is 100.4 degrees or higher, you will not be allowed access the building. Please review CDC Fact Sheet on *What to Do if You Are Sick* which can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf>.

County employee receiving this form: _____

Date/Time: _____

✓ Return this form to Emma Nieporte in the Administrator/Controller’s Office: enieporte@isabellacounty.org or by inter-office envelope mail.