**VISITOR/VOLUNTEER/CONTRACTOR COVID-19 SCREENING TOOL**

1. Have you......

| □ Yes □ No | a. Traveled from or through, any of the following locations identified by the CDC as increasing epidemiologic risk for COVID-19 within the last 14 days? China, Iran, South Korea, Italy, Japan |
| □ Yes □ No | b. Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days? |

2. Do you currently have a .........

| □ Yes □ No | a. Fever or Chills |
| □ Yes □ No | b. Cough |
| □ Yes □ No | c. Shortness of Breath |

3. Perform a temperature check ______ °F Method: oral / forehead (temporal) / tympanic

*Staff see instruction sheet for screening form.*

**Purpose of Visit (Circle one):**
Attorney-legal / Contractor / Volunteer
Social (visiting an inmate) – Inmate name/reg. number ________________________________
Other - __________________________________________________________________________

Visitor Name (Last, First): ___________________________________________________________

Date: ___________________________________________________________________________

Institution: _____________________________________________________________________