

# VISITOR/VOLUNTEER/CONTRACTOR COVID-19 SCREENING TOOL

<b>1. Have you.....</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days?
<b>2. Do you currently have a .....</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	a. Fever or Chills
<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Cough
<input type="checkbox"/> Yes <input type="checkbox"/> No	c. Shortness of Breath
<b>3. Perform a temperature check _____°F Method: oral / forehead (temporal) / tympanic</b>	
*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:** \_\_\_\_\_