



**Visitor COVID 19 Symptoms Screening Tool**

<b>Name:</b>		<b>Company Name:</b>		<b>Date of Visit:</b>	
<b>Reason for Visit (Include Department or Name/Apartment # Visiting)</b>				<b>Current Temperature:</b>	
<b>Contact Information</b>					
<b>Phone:</b>			<b>Email:</b>		
<b>Symptoms Screening</b>					
<b>Do you currently have any of the following symptoms</b> <b>or</b> <b>Have you experienced any of the following symptoms in the past 24 hours?</b>					
<b>Fever &gt; / +100 F or Chills</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>		
<b>Shortness of Breath (Dyspnea)</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>		
<b>Changes in Sense of Smell or Taste</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>		
<b>Cough (new onset or worsening of chronic cough)</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>		
<b>Muscle or Body Aches</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>		
<b>Headache</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>		
<b>Fatigue</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>		
<b>Diarrhea, Nausea, Vomiting</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>		
<b>Congestion or Runny Nose</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>		
<b>Have you Been out of the Country in the Past 14 Days?</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>		
<b>Have you been in Contact with Anyone with a Respiratory Illness of Confirmed Case of Covid-19?</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>		

If you answered YES to any of the questions above, you may need to refrain from visiting the community at this time. If you would like a further discussion, Staff can provide you with the appropriate contact information.

We appreciate your cooperation in efforts to keep our community safe!

\_\_\_\_\_  
 Visitor Signature

\_\_\_\_\_  
 Date