

Name: _____

Date: _____

TIME IN: _____ TIME OUT: _____

COVID-19: Screening Checklist for Visitors

ALL visitors entering the building must be asked the follow questions:

1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry?

YES

NO

2. Have you had close contact with someone with Covid-19 infection or tested positive for Covid in the prior 14 days?

Yes

No

3. Have you been fully vaccinated for Covid-19?

Yes

No

4. Ask the individual if they have any of the following symptoms?

Yes

No

-Cough

-Headache

-Repeated shaking with chills

-Muscle or body aches

-Congestion or runny nose

-Fever or chills

-Shortness of breath

-Sore Throat

Difficultly breathing

- New loss of taste or smell

-Diarrhea

- Nausea or vomiting

-Fatigue

- If YES to any, ask if they have alternative diagnosis that may be causing the symptoms.
 - If no alternative diagnosis, restrict them from entering the building.
- If NO, proceed to Step 5.

5. Check temperature and document results: _____ Fever present? (greater than 100.0 is fever)

- If YES, restrict from entering the building.
- If NO, proceed to step 6.

6. Allow entry to building and remind the individual to:

- Wash their hands or use ABHR throughout their time in the building.
- Wear a facemask while in the building
- Practice social distancing.