**Employee / Visitor Questionnaire**

**Please Fill Out Completely**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **SECTION 1**  **Actual Temperature: \_\_\_\_\_\_\_\_\_\_\_** | |
| Temperature ≥ 100.1 | No Yes |
| **SECTION 2**  **Do you have any of the following symptoms:** |  |
| Recent/New Onset Coughing (not related to allergy or COPD) | No Yes |
| Nasal Congestion (not related to allergies or sinus infections) | No Yes |
| Recent/New Onset Sore Throat | No Yes |
| Recent/New Onset Shortness of Breath (not related to chronic disease) | No Yes |
| Recent/New Onset Diarrhea | No Yes |
| **SECTION 3**  **COVID-19 Exposure:** |  |
| Are you living with someone that is quarantined or furloughed? | No Yes |
| Have you been in contact with an individual positive for COVID-19? | No Yes |

