**Employee / Visitor Questionnaire**

**Please Fill Out Completely**

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

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

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

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| --- |
|  **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 |

