

SITE VISITOR QUESTIONS

1. Have you had a fever ($>100^{\circ}$ F), a new or worsening cough, and shortness of breath within the last 48 hours?

☐ YES ☐ NO

2. Has a household member had a fever ($>100^{\circ}$ F), a new or worsening cough, and shortness of breath, or tested positive for COVID-19 within the last 2 weeks?

☐ YES ☐ NO

3. Have you had close contact with an individual that had a fever ($>100^{\circ}$ F), cough, and shortness of breath, or has tested positive for COVID-19 within the last 2 weeks? (Close contact is considered closer than 6 feet for a prolonged period and/or being coughed or sneezed on)

☐ YES ☐ NO

4. Has your organization taken precautions to mitigate the spread of COVID-19? If so, what steps have been taken?

Signature: _____

Name: _____

Name of Employer: _____

Date: _____

This information will remain strictly confidential and will be stored securely within our Human Resources department.