VISITOR AND EMPLOYEE HEALTH SCREENING
CHECKLIST FOR NON-HEALTH CARE SETTINGS

Please answer “yes” or “no” to each question:

1. Do you feel sick or do you have any of the following symptoms of COVID-19?
   - ☐ Fever of 99.5 degrees Fahrenheit or higher, or feeling feverish
   - ☐ New cough
   - ☐ Shortness of breath
   - ☐ Chills
   - ☐ Headache
   - ☐ Muscle pain
   - ☐ Sore throat
   - ☐ Fatigue
   - ☐ Congestion
   - ☐ Loss of taste or smell

2. Have you cared for or have you had close contact within the last 14 days with someone who has COVID-19 or who has symptoms of COVID-19?

Close contact means spending a total of 15 minutes or more throughout the course of a day within about 6 feet of anyone who has COVID-19.

If you answer yes to either of these questions, do not enter this building.

💪 Wear a mask. ⚠️ Wash your hands. 👨‍👩‍👧‍👦 Stay 6 feet from others. 🏡 Stay home if you feel sick.