**Visitor Screening Tool**

Visitor’s Name: Facility, Youth or Staff being visited:

Have you experienced any of the following:

YES NO

1. Fever greater than 100° F or chills within the last 7 days, cough, difficulty breathing, loss of taste, flu or pneumonia?
2. Have you had contact within the last 14 days with anyone who is positive for COVID-19 or who is awaiting test results because they are either experiencing COVID-19 symptoms, or may have been exposed to COVID-19?

If you answer “YES” to any of the above questions, you may not enter the facility at this time. Thank you for your understanding and cooperation in helping us keep our youth, staff and communities safe.

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Visitor Signature Date

October 2020