

SVAD Visitor COVID-19 Health Screening Form

Name: _____ Date: _____

Email Address: _____ Phone Number: _____

YES NO

- Have you been diagnosed with the novel coronavirus (COVID-19)?**
- Have you been exposed to a known case of novel coronavirus (COVID-19)?**
- Have you been exposed to anyone who has been quarantined or in isolation due to suspicion of novel coronavirus (COVID-19)?**
- Have you traveled internationally in the last 14 days?**
- Have you been around anyone who is ill that has traveled internationally in the last 14 days?**
- Have you traveled outside the immediate area where large crowds have gathered (greater than 100 ie. Cruise, Disney World, Festivals) in the last 14 days?**
- Have you traveled outside the immediate area by commercial air or other public transportation and/or from areas where COVID-19 has sustained community spread of COVID-19?**

If so, where? _____
- Have you had a fever, cough or difficulty in breathing during the last 14 days?**
- Have you been around anyone who is ill with fever, cough, difficulty breathing during the last 14 days?**

Temperature reading: _____

If you have answered yes to any of the above, or have a temperature of 100.0°F or higher, you will not be allowed to enter the building. Thank you for your cooperation, and let's all work together to stay safe!

Signature:
