

TRI-COUNTY COMMUNITY COUNCIL, INC.

Visitor Health Screening Form

In an effort to reduce the risk of COVID-19 exposure to Tri-County Community Council, Inc. employees, all visitors must complete or answer the following screening questions:

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

Visitor's name: \_\_\_\_\_

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

Person/department visiting: \_\_\_\_\_

Self-Declaration by Visitor		
	YES	NO
Have you traveled to affected geographic area with sustained community transmission or been in close contact with anyone who has traveled to those areas within the last 14 days?		
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)?		

Visitors answering yes to any of the above questions will not be permitted access to Tri-County Community Council, Inc. facility.

Visitor Signature: \_\_\_\_\_

If Visitor answers yes to any of above questions, do **not** attempt to obtain signature.

**For internal use:**

Access to facility (circle one):                  Approved                  Denied

Employee name: \_\_\_\_\_

Print Name

Employee signature: \_\_\_\_\_

\*Staff are not considered visitors. They are screening themselves daily with the Employee Screening Form.