

RISK ASSESSMENT FOR COVID-19

Thank you for your visit! We are working hard to keep persons receiving services and our staff healthy and appreciate you taking a moment to complete this survey prior to entering so we can ensure we are not putting anyone at risk for the flue, coronavirus, etc.

Please give this to one of our staff for review prior to entering.

Visitor's Name:	Date of Visit:	
	YES	NO
I have traveled outside the United States in the past 14 days		
I have traveled to China, Hong Kong, Iran, Italy, Japan or South Korea in the past 14 days		
Someone I live with has traveled to China, Hong Kong, Iran, Italy, Japan or South Korea in the past 14 days		
I have had a fever of 100F or more in the past 48 hours		
I have had a cough, sneezing, runny nose, congestion or other cold symptoms in the past 48 hours		
I have had a confirmed case of the flue in the past 14 days		
Someone I live with has had a confirmed case of the flu in the past 14 days		
I have had a confirmed case of the coronavirus (COVID-19) in the past 14 days		
I have been around someone with a confirmed case of the coronavirus (COVID-19) in the past 14 days		
Please immediately wash your hands or use hand sanitizer upon entering and leaving this building. Please be mindful to cough or sneeze into a tissue or the corner of your elbow and to wash your hands often while here.		
Temperature assessed by Staff (name):		Temp
Access to this location was approved or denied at this time due to factors that would put people at risk.	Access Approved	Access Denied