

Visitor and Employee Health Screening Checklist

Have you had any of the following symptoms recently that you cannot attribute to another health condition?

Please answer "Yes" or "No" to each question. Do you have:

- Fever (100.4°F or higher), or feeling feverish?**
- Chills?**
- A new cough?**
- Shortness of breath?**
- A new sore throat?**
- New muscle aches?**
- New headache?**
- New loss of smell or taste?**

If you have answered yes to any of the symptoms listed below, please do not enter any city property. Please go home and isolate yourself from others and contact your doctor for medical advice.

I sign that I am not experiencing any symptoms of COVID-19. Legal guardians of minor children must sign in their place. Signature (Sign and Print): _____

Date: _____

Address: _____ Telephone: _____

If signing for a minor please print their name and your relationship to them: _____

Attest (for office use only): _____ Title: _____ Date: _____