

Health Questionnaire for Visitors

Name:

Date:

The safety of our staff and children is our overriding priority. As the Coronavirus Disease (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance of the Ohio Department of Health and the Logan County Health District. In order to prevent the spread of COVID-19 and reduce the potential risk of exposure to our children, we are asking everyone to complete this questionnaire upon entering our facility.

Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?	YES	NO
1. Fever (100.4 °F or greater, measured by an oral thermometer)	<input type="checkbox"/>	<input type="checkbox"/>
2. Cough	<input type="checkbox"/>	<input type="checkbox"/>
3. Shortness of breath or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
4. Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
5. New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
6. chills	<input type="checkbox"/>	<input type="checkbox"/>
7. Head or muscle aches	<input type="checkbox"/>	<input type="checkbox"/>
8. Nausea, diarrhea, vomiting	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you been tested for COVID and are waiting results?	<input type="checkbox"/>	<input type="checkbox"/>

Office use: Access to Building (Circle one): **Approved** **Denied**