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| **Visitor Screening Tool Visitor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| |  |  | | --- | --- | | Person Visiting/Reason for Visit: |  | | Have you traveled within the last 14 days out of the State of Minnesota? | If yes, please list travel destination(s): | | Fever or history of fever within the last 14 days? | Yes/No | | Current Temperature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ °F | | History of difficulty with breathing, cough, or sore throat in the last 14 days? | Yes/No | | Exposure to individuals with cold or flu-like symptoms within the past 14 days? | Yes/No | | Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? | Yes/No | | |
| **If you have any of the above symptoms or exposures, you will not be permitted access.**  **Thank you for your understanding and cooperating in helping us keep our staff, and community happy and healthy.** | |
| **Visitor Screening Tool Visitor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
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| |  |  | | --- | --- | | Person Visiting/Reason for Visit: |  | | Have you traveled within the last 14 days out of the State of Minnesota? | If yes, please list travel destination(s): | | Fever or history of fever within the last 14 days? | Yes/No | | Current Temperature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ °F | | History of difficulty with breathing, cough, or sore throat in the last 14 days? | Yes/No | | Exposure to individuals with cold or flu-like symptoms within the past 14 days? | Yes/No | | Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? | Yes/No | | |
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