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| **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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| **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.**  |
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