

Health Screening Form for Visitors

Date: _____

Visitor's Name: _____ Visitor's phone number: _____

Person/Department Visiting: _____

In an effort to reduce the risk of COVID-19 exposure to Y.A.L.E. School employees and students, all visitors must complete the following screening questions prior to entering the facility. **All visitors must wear a mask.**

Self-Declaration by Visitor

Answer each question	Yes	No
Temperature: Do you have a temperature today of 100.4 or greater? Temperature Check (record temperature _____)		
Are you currently experiencing or have you experienced any of the following new symptoms in the past 14 days? 1. Cough 2. Shortness of breath/difficulty breathing 3. Fever/chills 4. New loss of taste/smell 5. Headache 6. Sore throat 7. Congestion/runny nose 8. Fatigue 9. Muscle or body aches 10. Nausea/vomiting/diarrhea		
Have you traveled outside of the State of New Jersey in the past 14 days? Are you awaiting Covid test results since returning from travel?		
Have you had close contact with or cared for someone suspected of or diagnosed with COVID-19 within the past 14 days?		
Have you had a positive COVID-19 test or been diagnosed with Covid-19 in the past 10 days?		
Are you currently awaiting the result of a COVID-19 test result?		

Visitors answering "Yes" to any of the above questions will not be permitted access to Y.A.L.E. School facilities.

For Internal Use:

Access to Facility (circle one): Approved Denied

Employee Name: _____ Employee Signature _____