

Visitor Screening – COVID-19 Questionnaire

Name:	Mobile/Home Phone:
Visitor Purpose:	Inmate/Detainee/Department:
Facility Name:	Date/Time of Visit:

1)	In the past 14 days, have you experienced flu-like symptoms such as fever(>100.4 degrees F/38 degrees C), coughing, respiratory illness such as shortness of breath? <input type="checkbox"/> YES / <input type="checkbox"/> NO If YES, when?
2)	In the past 14 days, have you travelled outside of the US? <input type="checkbox"/> YES / <input type="checkbox"/> NO If YES, where?
3)	In the past 14 days, have you travelled to China or an area affected by the Coronavirus (<i>specifically Iran, Italy, South Korea, Europe</i>)? <input type="checkbox"/> YES / <input type="checkbox"/> NO If YES, where?
4)	In the past 14 days, have you had close contact with a person with confirmed COVID-19 infection while they were ill, or under investigation for infection of COVID-19? <input type="checkbox"/> YES / <input type="checkbox"/> NO If YES, when?
5)	In the last 14 days, have you been in contact with someone who has traveled outside of the US? <input type="checkbox"/> YES / <input type="checkbox"/> NO If YES, where?
6)	In the past 14 days, have you travelled to the New York Tri-State area or a state where a “shelter in place” order has been implemented? (<i>specifically Connecticut, New Jersey and New York</i>) <input type="checkbox"/> YES / <input type="checkbox"/> NO If YES, where?

Visitor Signature: _____ Date: _____

Access To Facility (Circle One)	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
--	---

If you are permitted access to visit, you are required to adhere to the following:

- Proper hand hygiene – Wash your hands prior to entering

- Do not shake hands or make any physical contact
- Do not share pens, pencils or other items
- Cover your mouth and nose when you cough or sneeze

Failure to complete the questionnaire may result in refusal for you to access the facility