Visitor Screening

from the time symptoms first occurred.

When possible, limit visitors and conduct business electronically. Visitors who must come into the building should do so by appointment only. When making the appointment, visitors should be informed that they need to bring their face covering with them and put it on prior to entering the building.

Prior to	entering the building, visitors who require access should be as	sked the fo	llov	ving ques	tions:
1.	Have you been diagnosed with COVID-19?	Y	⁄es	or	_ No
2.	Are you currently experiencing or have experienced any of the following symptoms within t past 48 hours?				
	• Fever	\	⁄es	or	_ No
	A combination of these symptoms with or without a fever:				
	Persistent cough, shortness of breath or difficulty breathing, chills or repeated shaking with chill, unusual muscle pain, headache, sore throat, or new loss of taste or smell				
		Y	es	or	_ No
3.	Have you had known close contact with a person who has a COVID-19 within the last 14 days?	confirmed	or s	uspected	case of
		\	⁄es	or	_ No
4.	Have you traveled out of the state within the past 14 days?	\	⁄es	or	_ No
5.	Have you traveled internationally, gone on a cruise, or travel widespread community transmission within the past 14 days	_	sh-ri	sk region	with
		\	⁄es	or	_ No
If the vis	sitor answers 'Yes' to any of the questions, they will not be pe	rmitted to	acc	ess the b	uilding.
•	stions 1 and 2, if answered 'Yes' the visitor will not be permitt ntation that they have been cleared by a healthcare provider				

For questions 3, 4, and 5, if answered 'Yes' the visitor will not be permitted access until at least 14 days has passed.