

## COVID-19 Employee/Visitor Health Screening

**Employee/Visitor name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time of Entry:** \_\_\_\_\_ **Employee or Visitor** (circle one)

**Visitors please fill out this section** (will be used for Contact Tracing):

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Department or Person Visiting: \_\_\_\_\_

To help control the spread of Covid-19 we require all individuals entering Paper Mill Playhouse facilities to fill out this screening form each day they enter the building. Additionally, your temperature will be taken. Persons with temperatures registering at or above 100.4 will not be admitted.

These measures cannot detect or diagnose the presence of Covid-19 or any other disease. If your responses or temperature deny you entry it is recommended you see your primary care physician for further evaluation.

**Circle appropriate responses and fill in all blanks:**

Please record your **temperature** \_\_\_\_\_

Have you **tested positive** for Covid-19 in the last 14 days?

**Yes**

**No**

Have you had **any flu-like symptoms** in the last 14 days?

**Yes**

**No**

Have you **traveled outside New Jersey** in the last 14 days to a state on the travel advisory list?

**Yes**

**No**

If Yes, Where? \_\_\_\_\_

Have you been **exposed to anyone** that tested positive for Covid-19 in the last 14 days?

**Yes**

**No**

I have reviewed the information above, and I certify that I am symptom-free today.

**Signature:** \_\_\_\_\_