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

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

**FULLY VACCINATED -** (2+ weeks after you received last recommended dose)

If you are **fully vaccinated** please certify here:

I certify that I am fully vaccinated and symptom-free today.

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

**NOT FULLY VACCINATED**

If you are ***not* fully vaccinated** complete this section:

Have you **tested positive** for Covid-19 in the last 10 days?

**Yes No**

Have you had **any COVID-19/flu-like symptoms including a fever of 100.4+** in the last 10 days?

**Yes No**

Have you been exposed to anyone that tested positive for Covid-19 in the last 10 days?

**Yes No**

I certify that I am symptom-free today.

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