



## VISITOR SELF-SCREENING FORM

Visitor or Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Are you showing any signs of the following symptoms?

- Temperature 100 or higher
- Shortness of breath, difficulty breathing
- Cough (excluding chronic cough due to a known medical reason other than COVID-19)
- Diarrhea
- Sore Throat
- Sneezing
- Muscle Pain
- Tiredness

Have you been exposed to someone with COVID-19 positive test results in the last 14 days? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you travelled internationally or outside of Michigan to an area considered a 'hot spot' in the last 14 days, excluding commuting from a home location outside of Michigan? For purposes of this order, commuting is defined as traveling between one's home and work on a regular basis. \_\_\_\_\_ YES \_\_\_\_\_ NO

Is the information you provided on this form true and correct to the best of your knowledge? \_\_\_\_\_ YES \_\_\_\_\_ NO

**NOTES:** Visitation is forbidden if there is any YES responses to the screening checklist. If "yes" is checked, visitors will be directed to leave the premises. Disinfecting the visited area will need to take place immediately.