



## COVID19 VISITOR SCREENING

EFFECTIVE June 10, 2020

\*Per DDS guidelines, all visitors must be screened prior to every visit.  
Please fill this form out for each visitor and save for your records.

Date: \_\_/\_\_/\_\_\_\_ (mm/dd/yyyy)

Visitor Name: \_\_\_\_\_

### Visitor Screening Process:

#### Step 1:

1	Do you have a fever, cough, sore throat, or shortness of breath?	YES/ NO
2	Do you have muscle pain, chills, or a new loss of taste or smell?	YES/ NO
3	Have you tested positive for COVID19 in the past 14 days?	YES/ NO

#### Step 2:

Temperature Check < 100.0°F	YES/ NO
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### Visitor Disposition Chart:

<u>Temp &gt; 100.0°F</u>	<u>Q1</u>	<u>Q2</u>	<u>Q3</u>	<u>Disposition</u>
NO	NO	NO	NO	<i>Cleared to visit</i>
YES	NO	NO	NO	<i>Visit postponed</i>
YES	YES to <u>any</u> question above			<i>Visit postponed</i>

Staff Signature: \_\_\_\_\_

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