

RITE OF PASSAGE

IMPROVING THE LIVES OF YOUTH

COVID-19 Visitor Screening Tool

Visitor's Name: _____ Date: _____

Reason for Visit: _____

Please answer the following questions prior to entering the facility:

	YES	NO
Have you had a fever greater than 100° F within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a cough or shortness of breath within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had pneumonia or the flu within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled out of the country within the last 14 days? If yes, where: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in any gathering of 50 people or more (including airports) within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had contact with anyone who has lab-confirmed Coronavirus within 14 days of symptom onset?	<input type="checkbox"/>	<input type="checkbox"/>
Which States have you traveled to within the past 14 days? _____ _____		

Signature of Visitor: _____

FOR WEEKLY USE: Please Initial Daily If There Are No Changes To Your Initial Responses AND Your Temperature Upon Arrival Is Verified Below 100° F

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Visitor _____	Visitor _____	Visitor _____	Visitor _____	Visitor _____	Visitor _____	Visitor _____
ROP _____	ROP _____	ROP _____	ROP _____	ROP _____	ROP _____	ROP _____

Please do not write below this line. Official Use Only

Date Received: _____ Time Received: _____

Comments/ROP Staff Signature: _____