

Health Screening Form for Visitor

In an effort to reduce the risk of COVID-19 exposure to St Augustine Preparatory School employees, all visitors must complete the following screening questions:

Date: _____

Visitor's name: _____ Visitor's phone number: _____

Person/department visiting: _____

Self-Declaration by Visitor		
	YES	NO
Have you traveled to or been in close contact with anyone who has traveled internationally within the last 14 days?		
Have you traveled to or returned from any of the following states in the last 14 days? Alabama, Arkansas, Arizona, California, Delaware, Florida, Georgia, Iowa, Idaho, Kansas, Louisiana, Mississippi, Nevada, North Carolina, Oklahoma, South Carolina, Utah, Tennessee, or Texas.		
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath, or other respiratory problem)?		

Visitors answering yes to any of the above questions will not be permitted access to St. Augustine Preparatory School.

Visitor signature: _____

For internal use:

Access to facility (circle one): Approved Denied

Employee name: _____ Employee signature: _____