

APPENDIX D

City of Battle Creek

COVID-19 Visitor Screening Tool

Department Visiting:		
Visitors Name:	Appointment Date:	Time In:

In the past 24 hours, have you experienced: Current Temperature _____°F

Fever (100.4° F or higher) or chills Yes No

New uncontrolled cough: Yes No

Shortness of breath: Yes No

New loss of taste or smell: Yes No

You have been in close contact with a person with COVID-19? Yes No
 (for 15 minutes total or more, you have been within 6 feet of someone who has tested positive or displays the principle symptoms of COVID-19, within 48 hours of the onset of their illness or symptoms; or you were notified by a public health official that you were in close contact with the someone testing positive for COVID-19).

If you answered yes to any of the principal symptoms of COVID-19 above, it is considered a suspected case of COVID-19.

Muscle pain or body aches including abdominal pain: Yes No

Sore throat: Yes No

Fatigue: Yes No

New onset of a severe headache: Yes No

Congestion or runny nose: Yes No

Nausea or vomiting: Yes No

Diarrhea: Yes No

If you answered yes to any two (2) of the principal symptoms of COVID-19 above, it is considered a suspected case of COVID-19.

If you answer “yes” to this question, visitor is not permitted access to the premises.

If the visitor answered "no" to all of the above:

- Allow access to the facility and notify the visitor that they are required to wear a face covering while in any public spaces within the premises.

Completed by: _____ Date: _____

Notes: _____