

# COVID-19 Screening Questionnaire

## For Visitors & Staff



The safety of our employees, supplier partners, customers, families and visitors remain our organizations overriding priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. We appreciate your time.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company/Organization: \_\_\_\_\_ Host Name: \_\_\_\_\_

**YES** \_\_\_ **NO** \_\_\_ Have you washed your hands or used alcohol-based hand sanitizer on entry?

**YES** \_\_\_ **NO** \_\_\_ Have you had any contact with or cared for a person with confirmed or suspected case of COVID-19 within the last 14 days? (excluding healthcare industry where PPE was used)

**YES** \_\_\_ **NO** \_\_\_ Have you travelled internationally in the last 14

**YES** \_\_\_ **NO** \_\_\_ Are you experiencing any of the following symptoms?

Fever \_\_\_ Severe Cough \_\_\_ New Shortness of Breath \_\_\_ Nausea \_\_\_ Loss of Taste/Smell \_\_\_

**YES** \_\_\_ **NO** \_\_\_ Do you attest that you will not shake hands, touch or hug individuals during your visit?

**YES** \_\_\_ **NO** \_\_\_ Do you attest that you will always wear a face mask while on the premises?

**YES** \_\_\_ **NO** \_\_\_ Have you tested positive for COVID-19?

**YES** \_\_\_ **NO** \_\_\_ If yes, have you had a follow up negative test?

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

**Note:** if you plan to be on-site for consecutive days, please immediately advise **SwimRVA Front Desk** if any of your responses change. The information collected on this form will be used to determine your access right to our facilities. Any questions should be directed to [adam.kennedy@swimrichmond.org](mailto:adam.kennedy@swimrichmond.org).

Access to facility (circle one):      **Approved**      **Denied**      Staff Initials: \_\_\_\_\_