

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 ___ Do you attest that you have not had any contact with or cared for a person with confirmed or suspected case of COVID-19 within the last 14 days? (excluding healthcare, using PPE)

YES ___ NO ___ Do you attest that you have not travelled internationally in the last 14 days?

YES ___ NO ___ Do you attest that you are not 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 ___ DO you attest that you have not tested positive for COVID-19?

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.

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