COVID-19 SCREENING FOR VISITORS

A SCREENING IS CONDUCTED EACH TIME A VISITOR ENTERS THIS FACILITY

If a visitor answers "YES" to any of the following questions, they should be advised to go home, stay away from other people, and contact their primary care provider or local health authority for further instructions.

DATE	TIME	NAME	Have you experienced symptoms of COVID-19 in the past 48 hours?*	In the past 14 days, have you had contact with anyone confirmed to have COVID-19 or who has symptoms of COVID-19?	Are you isolating or quarantining because you may have been exposed or are you worried you may be sick with COVID-19?	Are you currently waiting on the results of a COVID-19 test?
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO
			YES / NO	YES / NO	YES / NO	YES / NO

* Symptoms of COVID-19 include: fever or chills, cough, shortness of breath or difficulty breathing, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea

NEVADA HEALTH RESPONSE