



Visitor Health Screening Questionnaire (COVID-19)

At Boyertown Area School District (BASD), safety and well-being is one of our core values. As the outbreak of the coronavirus disease 2019 (COVID-19) continues to evolve, BASD is closely monitoring the situation and the recommendations provided by the Centers for Disease Control and Prevention (CDC) and the Department of Health.

To prevent the spread of COVID-19 and reduce the risk of exposure to our employees and visitors, we are requesting that you complete this short screening questionnaire. Your participation is important to assist us in taking precautionary measures to protect you and others in this facility. Thank you.

Visitor Name:	Visitor Phone Number:
Visitor Company/Organization:	BASD Office/Person Visiting:
Purpose:	

If the answer to any of the following questions is "yes," access to the facility will be denied.

Visitor Self-Declaration	
1	Within the past 21 days, have you returned from any country/state for which a Level 3 Travel Health Notice for COVID-19 has been issued by the CDC (https://wwwnc.cdc.gov/travel/notices)? __ Yes __ No
2	Within the past 14 days, have you had close contact with or cared for someone who has been diagnosed with COVID-19 or suspected to have COVID-19? __ Yes __ No
3	Within the past 24 hours, have you or a member of your household experienced any of the following symptoms: fever (>100.4o F), cough, sore throat, chills, body aches for unknown reasons, loss of smell/taste, or shortness of breath for unknown reasons? __ Yes __ No

If the answer to any of the following questions is "yes," access to the facility may be denied.

4	Within the past 14 days, do you believe or suspect that <u>you might have acquired COVID-19?</u> (If yes, please provide information about why you believe you acquired, how you acquired, when you acquired, where, and when the diagnosis occurred.) __ Yes __ No
5	To the best of your knowledge, <u>have you been exposed to or in close proximity to any individual who tested positive for COVID-19 in the last 14 days?</u> (If yes, please provide information about exposure, when it occurred, how it occurred, and where it occurred.) __ Yes __ No

Visitor Signature: _____

Date: _____