



Health Assessment for COVID-19 Sign-In Sheet

Visitor Name (Please print): _____

1. Are you experiencing any of these symptoms?

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
- Cough, shortness of breath, and/or difficulty breathing
- Sore throat
- Chills
- New loss of taste or smell
- Diarrhea, vomiting, nausea, or abdominal pain
- Congestion or runny nose
- New onset of severe headache, especially with a fever

2. Have you had any contact in the last 2 weeks with anyone known to have COVID-19?

If you answer **YES** to any of these questions, **DO NOT** come into the building. Faculty and staff should contact their direct supervisor. Adult Career Center students, high school students and/or parents should contact the school nurse, Mrs. Amanda Mayle at 440-774-1051, ext. 22228.

I have answered the above questions truthfully and to the best of my ability.

Signature: _____ Date: _____