

APPENDIX D

City of Battle Creek

COVID-19 Visitor Screening Tool

<b>Department Visiting:</b>		
<b>Visitors Name:</b>	<b>Appointment Date:</b>	<b>Time In:</b>

**In the past 24 hours, have you experienced:** Current Temperature \_\_\_\_\_°F

Fever (100.4° F or higher) or chills Yes No

New uncontrolled cough: Yes No

Shortness of breath: Yes No

New loss of taste or smell: Yes No

**In the past 14 days** you have been exposed to a person with COVID-19? Yes No  
 For 15 minutes total or more, you have been within 6 feet of someone who has tested positive, within 48 hours of the onset of their illness; or you were notified by a public health official that you were in close contact with the someone testing positive for COVID-19.

*If you answered yes to any of the principal symptoms of COVID-19 above, it is considered a suspected case of COVID-19.*

Muscle pain or body aches including abdominal pain: Yes No

Sore throat: Yes No

Fatigue: Yes No

New onset of a severe headache: Yes No

Congestion or runny nose: Yes No

Nausea or vomiting: Yes No

Diarrhea: Yes No

*If you answered yes to any two (2) of the principal symptoms of COVID-19 above, it is considered a suspected case of COVID-19.*

If you answer “yes” to this question, visitor is not permitted access to the premises.

**If the visitor answered "no" to all of the above:**

- Allow access to the facility and notify the visitor that they are required to wear a face covering while in any public spaces within the premises.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_