

COVID-19 SCREENING CHECKLIST FOR VISITORS

I affirm that I do not have a fever, sore throat, cough, shortness of breath, or any other symptoms associated with COVID-19; and I have not been around anyone who has been diagnosed with COVID-19.

Signature: _____

Print Name : _____

Parent or Guardian Signature if Under Age 18 : _____

Print Name of Parent or Guardian: _____