



FRANKE TOBEY JONES

Enjoy your age

Visitor/Vendor COVID-19 Screening

Based on state and local health officials, the following will be enforced:

- Wearing a mask at all times
- Completion of this form, the Visitors Log and Visitation Policy each day you visit

Please answer each of the following:

Yes No

- Are you currently experiencing any of the following symptoms that you cannot contribute to another health condition? (If yes, circle symptoms you have)

Fever or chills	Headache	Fatigue
Cough	Recent loss of taste or smell	Muscle or body aches
Shortness of breath	Sore throat	Nausea or vomiting
Difficulty breathing	Congestion	Diarrhea

- Within the last 10 days, have you been in close contact (within 6 feet for a cumulative 15 minutes or more over 24 hours) with anyone who is confirmed or suspected to have COVID-19?
- Have you had a positive COVID-19 test for active virus in the past 10 days or are you awaiting results of a COVID-19 test?
- Within the past 10 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

If you answered Yes to any of these questions please do not visit until you can answer No to all questions.

During your time here today you MUST:

- Wash your hands or use provided sanitizer often.
- Disinfect all shared surfaces before and after use.
- Please reach out to a staff member if you have any questions

Print Name _____

Date _____

Sign Name _____

Company Name _____
(if applicable)

Updated 2.18.22