



COVID-19 ACTIVE SCREENING VISITOR QUESTIONNAIRE

Your health and well-being are of the utmost importance and we are taking measures to keep the facility/office a safe environment for employees as well as the public. Therefore, anyone coming into the facility/office will be screened and part of our screening process will include taking their temperature or asking the following questions.

Visitor's Name: _____

Visitor's Phone Number: _____

1. Within the last 10-days, have you experienced any symptoms for COVID-19? YES NO
2. Within the last 10-days, have you been in contact (typically defined by 6 feet or closer for at least 10 minutes) with a person that tested positive for COVID-19? YES NO
3. Have you tested positive through a diagnostic test for COVID-19 in the past 10 days or are you waiting for results from a COVID-19 test? YES NO
4. Have you traveled out of New York State (except for Vermont, Massachusetts, Connecticut, New Jersey or Pennsylvania) or internationally in the past 10 days? YES NO

Temperature taken with an Infrared Forehead Thermometer (circle one): PASS (<99.9°) FAIL (>99.9°)

Visitor Signature: _____ Date: _____

The information collected on this form will be used to determine access to the Town of Beekman building. Any "Yes" on the assessment will result in access being denied. Each department will oversee the execution of this form and to ensure this form is completed and then grant the visitor entry to the building. All forms must be delivered to the Supervisor's Office by end of the day.