



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 Name: _____

Visitor's Company/Organization: _____

Department Visited: _____

Visitor's Phone Number: _____

Purpose of Visit: _____

Name of Employee Granting Entry: _____

1. Within the last 14-days, have you experienced any symptoms for COVID-19?

YES

NO

2. Within the last 14-days, have you been tested for COVID-19?

YES

NO

3. If you ever have been tested for COVID-19, please select the appropriate response below:

a. I tested negative for COVID-19 Date Tested: _____

b. I tested positive for COVID-19 Date Tested: _____

c. I have not received the results of my test yet

4. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?
(Note: Close contact is defined as within 6 feet or more than 10 consecutive minutes)

YES

NO

5. Have you been in close contact with anyone waiting for COVID-19 test results?

YES

NO

6. Have you traveled out of state in the past 14 days? YES NO

If yes what state? _____

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

Visitor Signature: _____ Date: _____

Town Employee 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.