



**VISITOR HEALTH SCREENING QUESTIONNAIRE and CONTACT INFORMATION**

Visitor Name:	Visitor Mobile/Home Phone Number:
Visitor Email Address:	ADAMHS Meeting Host:
Date:	

<b>SELF-DECLARATION BY VISITOR – Answer “Yes” or “No”</b>	
1.	Have you 1) been diagnosed, 2) been in contact with someone who has been diagnosed or 3) been in contact with someone who may have been exposed to COVID-19 within 10 days of your visit to the ADAMHS Board?  Answer: Y/N
2.	Have you experienced a 1) cough or 2) a shortness of breath or difficulty breathing within 10 days of your visit to the ADAMHS Board?  Answer: Y/N
3.	Have you experienced at least two of these symptoms – 1) fever, 2) chills, 3) repeated shaking with chills, 4) muscle pain, 5) sore throat or 6) new loss of taste and smell – within 10 days of your visit to the ADAMHS Board?  Answer: Y/N

If you answered “yes” to any of the above, we ask you to please reschedule your appointment until you can answer “no” to all of the above. Thank you.

**FOR OUR UNVACCINATED VISITORS:**

The ADAMHS Board requests that all visitors that have not been fully vaccinated follow the health and safety protocols:

- Notify your meeting host if you are not vaccinated so the meeting room can provide the required social distancing.
- Wear a mask while in the ADAMHS Board office space.
- Practice social distancing at all times.
- Use the provided hand sanitizer, as necessary.