

**COUNTY OF DELTA
CORONAVIRUS DISEASE (COVID-19)
VISITOR HEALTH SCREENING TO BE COMPLETED BEFORE ENTERING A COUNTY
OFFICE**

Court/Office Visiting: _____

Visitors Name: _____ Phone Number: _____

Date: _____ Time: _____

In the past 24 hours, have you experienced any of the following symptoms:

Fever? (100.4°F or above)	Yes	No
New or worsening cough	Yes	No
Shortness of Breath	Yes	No
Sore throat	Yes	No
Vomiting/Diarrhea	Yes	No
Chills/Repeated Shaking	Yes	No
Muscle Pain/Headache	Yes	No
New Loss of Taste or Smell	Yes	No

In the past 14 days, have you:

- Had close contact (within approximately six (6) feet for a prolonged period of time without PPE) with an individual diagnosed with COVID-19? YES NO
- Engaged in domestic or international airline travel? YES NO
- Have you been directed or told by the local health department or your healthcare provider to self-isolate or self-quarantine? YES NO

If you answered “YES” to any of the questions listed above or their temperature is 100.4 degrees or higher, you are not allowed to access the building. Please take a CDC Handout: Sick with COVID-19 Fact Sheet and departmental directory and call the department you wish to conduct business with.

County employee accepting this form: _____

____ Email/Deliver this form to Administration