

## Health Screening Form

In an effort to reduce the risk of COVID-19 exposure and for the health and welfare of all of our clients, agents and staff, all visitors must complete the following screening questions:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Person you are visiting: \_\_\_\_\_

| Self-Declaration by Visitor  |     |    |
|--|-----|----|
|  | YES | NO |
| Have you had a fever or felt feverish in the last 72 hours?  |     |    |
| Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?                                    |     |    |
| Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)? |     |    |
| Are you experiencing any new muscle aches or chills?   |     |    |
| Have you experienced any new change in your sense of taste or smell?   |     |    |
| Have you traveled outside of New England or by ship in the last 14 days?   |     |    |

Anyone answering yes to any of the above questions or who has a self-declared temperature above 100.4 degrees will not be permitted access to the Better Homes & Gardens facility and is advised to seek medical advice.

Visitor Signature: \_\_\_\_\_

|  |                           |        |
|--|---------------------------|--------|
| <b>For internal use (for visitor screening):</b> |                           |        |
| Access to facility (circle one):                 | Approved                  | Denied |
| Employee name: _____                             | Employee signature: _____ |        |