**CHO Visitors Log Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All of the individuals we serve are at serious health risk associated with the Coronavirus COVID-19, in order to protect these individuals, anyone entering this building must acknowledge if whether or not they have any of the symptoms associated with this virus that are NOT KNOWN TO A PREEXISTING HEALTH CONDITION. If you have any of these symptoms you will not be permitted to enter the building.**

• **Fever** (temperature of 37.8°C/100.0°F or greater) • **Cough** (that is new or worsening) • **Shortness of breath**

• **Sore throat**

• **Rhinorrhea** (runny nose)

• **Nasal congestion** (stuffy nose)

• **New olfactory or taste disorder** (decrease or loss of smell or taste)

• **Nausea and/or vomiting**

• **Diarrhea**

• **Abdominal pain**

1. **In the last 14 days, have you had close contact, without appropriate personal protective equipment with a confirmed or probable case of COVID-19?**
2. **In the last 14 days, have you been diagnosed with COVID-19 by a lab test?**
3. **Are you waiting for results of a COVID-19 test due to exposure to and/or as a result of being symptomatic?**

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| **Date** | **Time**  **In** | **Time**  **Out** | **Print Name** | **Contact Info and initials** | **Reason for Visit** | **Temperature**  **Upon Arrival** | **Are you experiencing any of these symptoms or responded yes to questions above?** |
|  |  |  |  |  |  |  | **🞏 YES 🞏 NO** |
|  |  |  |  |  |  |  | **🞏 YES 🞏 NO** |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time**  **In** | **Time**  **Out** | **Print Name** | **Contact Info and initials** | **Reason for Visit** | **Temperature**  **Upon Arrival** | **Are you experiencing any of these symptoms or responded yes to questions above?** |
|  |  |  |  |  |  |  | **🞏 YES 🞏 NO** |
|  |  |  |  |  |  |  | **🞏 YES 🞏 NO** |
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