

GUEST/VISITOR COVID- 19 SCREENING FORM FOR ENTRY INTO THE KATZ BUILDING

In an effort to reduce the risk of COVID-19 exposure to Federation employees, all visitors and guests must complete the following screening questions before you enter the Katz Building.

If you answer **YES** to any of them, you **CANNOT** enter the Katz Building.

PLEASE READ EACH QUESTION CAREFULLY	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
1) Are you currently experiencing any of the following: <ul style="list-style-type: none"> • fever or chills • cough • shortness of breath or difficulty breathing • fatigue • muscle or body aches • headache • new loss of taste or smell • sore throat • congestion or runny nose • nausea or vomiting • diarrhea 	YES	NO
2) Have you in the last 14 days had close contact with or cared for someone diagnosed with COVID-19, tested positive for COVID-19, or anyone who has any symptoms consistent with COVID-19?	YES	NO
3) Are you currently waiting on the results of a COVID-19 test?	YES	NO
4) Have you recently traveled in the last 10 days? Travel is defined as any trip that is overnight AND on public transportation (plane, train, bus, Uber, Lyft, cab, etc.) OR any trip that is overnight AND with people who are not in your household.	YES	NO
I certify that my responses are true and correct.	<input type="checkbox"/>	

VISITOR NAME: _____ VISITOR SIGNATURE: _____ DATE: _____

For internal use:

Access to facility (circle one): Approved Denied

EMPLOYEE NAME: _____ EMPLOYEE SIGNATURE: _____ DATE: _____