



COVID-19 Visitor Active Screening Tool

To protect everyone, including staff, we are asking all visitors to complete the following questionnaire.

Name: _____

Date: _____

- Do you have signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat?

YES / NO

- In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, or who is under investigation for COVID-19, or is ill with respiratory illness?

YES / NO

- In the last 14 days, did you travel internationally or to a U.S. community with community-based spread of COVID-19?

YES / NO

Signature: _____

NH Department of Health and Human Services
Division of Public Health Services
Bureau of Infectious Disease Control
<https://www.dhhs.nh.gov/dphs/cdcs/2019-ncov.htm>
Adapted from the [Vermont Department of Health](#).