

# VISITOR HEALTH SELF-ASSESSMENT FORM

In an effort to reduce the risk of COVID-19 exposure to Jerusalem Town employees, all visitors must complete the following self-assessment. If you answer "yes" to any questions you shall not be allowed access to the Jerusalem Town Office.

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

Visitor's name (please print): \_\_\_\_\_

\_\_\_\_\_  
(If more than one person from the same household is with you, include everyone's name)

Person/Department visiting: \_\_\_\_\_ Your phone number: \_\_\_\_\_

## HAVE YOU: (Only check YES or NO at the end)

1. Traveled outside of New York State other than a contiguous state within the last 14 days? If "yes", where did you visit? \_\_\_\_\_
  - a. Contiguous states are Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont.
  - b. If yes and you traveled to a state not listed above, did you follow the New York State Travel Advisory Guidelines that went into effect on November 4, 2020.
2. Had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?
3. Tested positive for COVID-19 in the last 14 days?
4. Experienced any cold or flu-like symptoms in the last 14 days?
  - a. Cough
  - b. Fever or chills
  - c. Shortness of breath or difficulty breathing
  - d. Fatigue
  - e. Muscle or body aches
  - f. Headache
  - g. New loss of taste or smell
  - h. Sore throat
  - i. Congestion or runny nose
  - j. Gastrointestinal issues (i.e., vomiting, etc.)

Check the appropriate box:

YES

NO

Visitor signature: \_\_\_\_\_

\_\_\_\_\_  
**FOR INTERNAL USE**

Access to facility **approved** unless specified otherwise. *Denied:* \_\_\_\_\_  
(Reason)