

COVID 19 Visitor Screening

READ BEFORE SIGNING

This form shall be reviewed and signed prior to entering the lobby of Child Advocates.

Child Advocates has opportunities for virtual attendance at meetings. Visitors should communicate with the individual staff member with whom they are meeting/visiting for information regarding virtual communication.

By initializing each line below, I acknowledge that the following statements are true as of the date of signing and for thirty days immediately preceding the date of signing:

_____ I agree and acknowledge that I have not tested positive for COVID

_____ I agree to wear a mask at all times while at Child Advocates, Inc.

_____ I agree to practice social distancing to the best of my abilities

_____ I am free of fever

_____ I have not been exposed to anyone with COVID 19.

_____ I do not have a cough

_____ I am not experiencing shortness of breath

_____ I am not experiencing loss of taste or smell

_____ I do not have a sore throat

_____ I am not experiencing chills or muscle pain.

_____ I am not caring for someone who is ill with COVID 19 symptoms.

_____ I will not bring any individual under the age of eighteen (18) to Child Advocates.

I HAVE READ and AGREED WITH ALL OF THE ABOVE.

Visitor Signature

Date: _____

Visitors printed name