

COVID-19 Screening for Visitors



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

In the past **14 days** have you:

- Traveled to outside of North Dakota?

YES / NO

- Been in contact with a novel coronavirus (COVID-19) infected person?

YES / NO

- Have you had the following symptoms: Felt unwell, Cough, temperature, shortness of breath, difficulty breathing?

YES / NO

For Safety and Health of the public: If you answer **yes** to any of these questions you are asked to:

Social Isolate – Stay Home, Do Not Enter this building.

If you can answer NO to all these questions, please call the office that you are requesting to meet with and they will meet you at the door to allow you entry.