

SELF-HEALTH ASSESSMENT FORM FOR KOONSFULLER GUESTS

In an effort to reduce the risk of COVID-19 exposure to KoonsFuller employees and guests, all visitors must complete the following screening questions. Thank you for your support in these measures to protect yourself, our employees, and the community at large.

This document will be retained confidentially for one month for potential COVID-19 exposure tracing purposes then destroyed.

Date: _____

Visitor's name: _____ Visitor's phone number: _____

Visitor's email: _____

Person visiting: _____

Self-Declaration by Visitor		
	YES	NO
Have you traveled outside of Texas or been in close contact with anyone who has traveled outside of Texas within the last 14 days? If yes, where? _____		
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
Have you experienced any of these symptoms in the last 14 days? <ul style="list-style-type: none"> • Cough • Shortness of breath or difficulty breathing • Or at least two of these symptoms • Fever • Chills • Repeated shaking with chills • Muscle pain • Headache • Sore throat • New loss of taste or smell 		

Visitors answering yes to any of the above questions will not be permitted to enter KoonsFuller's office.

Certification

I hereby confirm that my responses are true and correct. By completing and signing this form, I confirm to KoonsFuller that my presence in this office will not knowingly put anyone at risk of exposure to COVID-19.

Visitor signature: _____