

**GCSS Visitor Health Screening 2020-21**

In an effort to reduce the risk of COVID-19 exposure to Greene County School System students and staff, all visitors must complete the following screening questions:

Date: \_\_\_\_\_ Visitor's Name: \_\_\_\_\_

Visitor's Phone Number: \_\_\_\_\_ Person Visiting: \_\_\_\_\_

Visitor's Temperature: \_\_\_\_\_

| <b>Self-Declaration by Visitor</b>   |            |           |
|--|------------|-----------|
|  | <b>YES</b> | <b>NO</b> |
| Are you currently experiencing COVID-19 symptoms (fever, cough, shortness of breath, loss of taste or smell, upset stomach, headache, etc.)? |            |           |
| Have you tested positive for COVID-19 within the last 14 days?   |            |           |
| Have you had direct contact with someone or cared for someone who has tested positive for COVID-19 in the last 14 days?                      |            |           |

Visitors answering “YES” to any of the above questions or having a temperature above 100.3 will not be permitted access to Greene County School’s facility.