



**Shelby Township
Municipal Building**
52700 Van Dyke Ave.
Shelby Township, MI 48316

Visitor COVID-19 Screening Questionnaire

The purpose of this form is to determine whether a person can enter a township facility. This is for your safety as well as the safety of our employees and other visitors. Please keep in mind that this is a guideline, and extenuating circumstances may exist. The Township has the authority to make a final determination as to whether a person is allowed to enter the premises. Your contact information on this form may be used for tracking and notification purposes should you have contact with have exposure to COVID-19. This form will be kept on file in our Human Resources Department for 90 days and will not be released without your consent.

Questionnaire

1. Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?

Yes ☐ No ☐ Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)

Yes ☐ No ☐ Cough

Yes ☐ No ☐ Shortness of breath or difficulty breathing

Yes ☐ No ☐ Sore throat

Yes ☐ No ☐ New loss of taste or smell

Yes ☐ No ☐ Chills

Yes ☐ No ☐ Head or muscle aches

Yes ☐ No ☐ Nausea, diarrhea, vomiting

2. In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or experienced any of the above symptoms since your contact? Yes ☐ No ☐

3. In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19? Yes ☐ No ☐

4. Have you been tested for COVID-19 and are waiting to receive test results? Yes ☐ No ☐

5. Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms? Yes ☐ No ☐

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Please notify the Township if the status of your exposure to COVID-19 changes.

VISITOR Signature: _____

Date: _____

VISITOR Printed name: _____

Company Name: _____

Telephone Number: _____

Department Visited today: _____