

# Holy Family Visitor Health Screening Form

*Prior to entering the HFCHS facility (School), all individuals will be asked a series of questions and will undergo temperature screening. This data is classified as private under the Minnesota Government Data Practices Act. HFCHS will use this data to screen individuals seeking admission to the School for potential health risks to reduce the potential of spreading contagious diseases. The data helps HFCHS to determine whether risk factors are present and whether an individual will be denied admission for the protection of HFCHS staff and/or the public. This is not a COVID-19 test and is not a determination of whether or not an individual is infected with or has been exposed to COVID-19. This data should be used in deciding whether an individual should have admission to the School. Providing this data is voluntary. Individuals are not legally required to provide this data. However, if an individual refuses to provide the requested data, he/she will not be admitted to the School. The data collected may be shared with the HFCHS staff responsible for collecting the data, appropriate/authorized HFCHS administration, and other persons or entities authorized by law.*

**Protocol:**

1. Before traveling to HFCHS, please administer body temperature screenings to all individuals who will be visiting the school building.
2. Please answer the following questions:
  - A. ***Have you had any of the following symptoms in the last 72 hours that you cannot attribute to another health condition?***

<b>Fever (100.4 degrees or higher) or feeling feverish?</b>	<b>Yes</b>	<b>No</b>
<b>Chills?</b>	<b>Yes</b>	<b>No</b>
<b>A new cough?</b>	<b>Yes</b>	<b>No</b>
<b>Shortness of breath?</b>	<b>Yes</b>	<b>No</b>
<b>A new sore throat?</b>	<b>Yes</b>	<b>No</b>
<b>New muscle aches?</b>	<b>Yes</b>	<b>No</b>
<b>New headache?</b>	<b>Yes</b>	<b>No</b>
<b>New loss of smell or taste?</b>	<b>Yes</b>	<b>No</b>

***B. Have you been in close and prolonged physical contact (within less than six feet for at least 15 minutes) with an individual who has tested positive for or been diagnosed with COVID-19, or exposed to their cough or sneeze, within the last 14 calendar days?..... Yes / No***

***C. Have you tested positive for or been diagnosed with COVID-19 within the last 14 calendar days?..... Yes / No***

----- please turn page -----

If you answer "Yes" to **any** of the screening questions, we apologize, but unfortunately cannot permit you entry to the school building. You will need to let your HFCHS host know that you will not be able to meet.

If you have answered "No" to **all** of the screening questions, please sign below and provided it to your host at the time of your scheduled visit.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date