

COVID-19 Visitor Questionnaire

Last updated: 4/30/2020

The safety of our employees, customers, contractors and visitors remains Minnehaha County's overriding priority. As COVID-19 continues to evolve and spreads globally, the County is monitoring and will periodically update visitor protocol based on current recommendations from the Centers for Disease Control. Only business critical visitors or visitors who have made appointments are permitted onsite at this time.

To prevent the spread of COVID-19 and to reduce the potential risk of exposure to our employees and visitors, we are conducting a visitor screening process. This consists of a temperature reading and a questionnaire about COVID-19 symptoms including fever, cough, shortness of breath/difficulty breathing, chills/shaking with chills, muscle pain, head ache, sore throat, or new loss of taste or smell. In addition, all visitors are required to wear masks. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Excludes: Public meeting participants, FedEx, UPS, Truck Drivers, and Regular Delivery Services making deliveries at least once per week.

Visitor Name:	Visitor's Phone Number:
Visitor's Company/Organization:	Purpose of Visit:
County Department Being Visited:	Name of County Employee Granting Entry:

Visitor Screening Process

(Screening questions to be asked by County employee granting access.)

Questions for Visitors		Yes or No	
1.	Have you been diagnosed with COVID-19 within the last 14 days?	Y	Ν
2.	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?	Y	Ν
3.	Do you currently have a cough, shortness of breath, or difficulty breathing?	Y	Ν
4.	Do you currently have two or more of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?	Y	Ν
5.	Do you have a temperature of 100.4 (F) or higher? (County employee should take the visitor's temperature if a thermometer is available.)	Y	Ν
6.	Are you <u>without</u> a mask or currently not wearing your mask? (Visitor must wear a mask at all times while onsite.)	Y	Ν

Visitor Signature: _____ Date: _____

County Employee Signature: _____ Date: _____

Note: The information collected on this form will be used to determine access to Minnehaha County facilities. Any "yes" on the assessment will result in access being denied. Each County Department will have no more than four individuals authorized to oversee the execution of this form and to ensure this form is completed and then grant the visitor entry to the building. By each Friday at 5:00 pm., each Department will deliver the completed forms to the Commission Office.