



Visitor Screening Questionnaire

To protect from illness, City of Rochelle is taking measures to prevent the spread of exposure COVID-19 (Coronavirus) in this facility.

Please answer the following questions:

	Yes	No
Have you recently traveled to a country where COVID-19 is spreading within the past 14 days?		
Have you been in close contact with people who have traveled to countries where COVID-19 is spreading within the past 14 days?		
Have you been around people who are sick with colds or flu?		
Do you have cold symptoms?		
Are you currently experiencing a fever or have had a fever within the past week?		
Within the past week have you had any nausea, vomiting, or diarrhea?		

IF YOU HAVE MARKED YES TO ANY QUESTIONS; WE MUST POSTPONE YOUR VISIT FOR AT LEAST 14 DAYS AFTER THE START OF YOUR SYMPTOMS. Thank you for understanding and cooperation.

Print name: _____

Signature: _____

Date: _____