N	Name	Date	Temperature
			r
		Arconsocese.	Masir
		Visitors and	Volunteers
*No visitors or volunteers will be permitted until further notice.			
Visitor Entry If it is necessary for a school visitor, upon entry to the school, the visitor will be checked in through the school office by the			
school:	secretary. The visitor's ID will be check	ed through the Ra	e visitor will be checked in through the school office by the aptor System for clearance. They will be issued a visitor's
		Visitor Heal	
The vis	itor will be required to complete a Self-S	Screening form as	nd have their temperature checked and recorded by the
school		Colf Commonweal	
Within	the last three (3) days, have you experie	Self-Screening (
	Fever Chills?	nood any of the R	onowing symptoms.
	Yes		
	No		
2.	New, uncontrolled cough?		
	Yes		
3.	No Shortness of breath or difficulty breath	:	
Э.	Yes	ing?	
	No		•
4.	Fatigue, muscle/body aches?		
	Yes		
_	No		
5.	New onset of severe headaches?		
	Yes No		
6.	New loss of taste or smell?		
0.	Yes		
	No		
7.	Sore Throat?		
	Yes		
•	No		
8.	Congestion or runny nose?		
	Yes No		
9.	Diarrhea, vomiting, or abdominal pain	7	
,,	Yes	•	
	No		
10.	Have you had a fever of 100.4 degrees	F or greater (who	en taken by mouth) in the last three (3) days?
	Yes		•
11	No.		
11.	who has tested positive for COVID-19	in six [6] of an in	fected person for at least fifteen [15] minutes) with a person
	Yes	ţ.	
	No		
12.	Have you traveled outside of South Flo	orida in the past w	veek?
	Yes	•	
	No		
	Visitor P	Personal Protecti	ive Equipment (PPE)
V1sitors provide	will be required to wear a face mask wh	nile on school car	mpus. If the visitor does not have a face mask, one will be
provide		adaa tha Casta at	
			ated above in this document are true.
Signatu	re	Phone Number	erDate
If an	y "yes" response is marked on the screer	ned checklist, the	on it is not safe for campus entry. Immediate sanitizing and
	disinfecting n	nust take place in	the visitor check-in area.