



LEONARD'S PALAZZO

Health Screening Form for Visitors

In an effort to reduce the risk of COVID-19 exposure to Leonard's Palazzo, all visitors must complete the following screening questions:

Date: _____

Visitor's name: _____ Visitor's phone number: _____

Person/department visiting: _____

Self-Declaration by Visitor		
	YES	NO
Have you traveled outside of New York State or been in close contact with anyone who has traveled outside of New York State within the last 14 days?		
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
Are you or is anyone in your household awaiting a COVID-19 test result?		
Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)?		

Visitor signature: _____

For internal use:

Access to facility (circle one): Approved Denied

Employee name: _____ Employee signature: _____