



COVID-19 VISITOR HEALTH SCREENING QUESTIONNAIRE

To ensure the health and well-being of the Community, all persons will be screened prior to entering the facility.

- 1. Are you experiencing any of these symptoms:**
 - a. Fever or chills
 - b. Cough
 - c. Shortness of breath or difficulty breathing
 - d. Fatigue
 - e. Muscle or body aches
 - f. Headache
 - g. New loss of taste or smell
 - h. Sore throat
 - i. Congestion or runny nose
 - j. Nausea or vomiting
 - k. Diarrhea
- 2. Are you or anyone in your household awaiting COVID-19 test results from your healthcare provider?**
- 3. Are you currently under isolation and quarantine for testing positive for COVID-19 or instructed by your healthcare provider or the Tribal Health Department to stay home and quarantine?**

If you answered yes to any of the questions, you cannot enter the facility/establishment and should contact your primary healthcare provider to obtain further instructions.

Thank you for taking the time to answer the health screening questions to protect our Community.