

# APPOINTMENT SCREENING QUESTIONNAIRE - COVID-19

**Responses to the below questions are strictly CONFIDENTIAL and only used to determine entry.**

Due to the COVID-19 (Coronavirus) Pandemic it is necessary to follow CDC Guidelines. All non-employees entering the facility or working in close proximity to Bensalem Township Employees or others must comply with CDC recognized policies and procedures including wearing PPE (personal protective equipment) and practice social distancing. **If you exhibit any symptoms below you are not permitted to enter the building.**

1. In the last 48 hours have you suffered from diarrhea, vomiting, or fever?	Yes	No
2. Are you currently suffering from, boils, sores, as well as open or infected wounds?	Yes	No
3. Are you currently suffering from any cold or flu symptoms (Coughing, fever, shortness of breath) including but not limited to COVID-19 Co (Coronavirus)? This includes loss of taste/smell.	Yes	No
4. Have you been hospitalized in the last month for any contagious disease?  If yes, have you been released by your doctor stating that you're no longer contagious? (you must have doctor's release to be permitted to enter)	Yes	No
	Yes	No
5. Have you traveled to any areas significantly affected by the COVID-19 (Coronavirus) in the past month? If so, document the countries/cities and exit/return date on the bottom of this form.	Yes	No
6. Have Family Members and /or Friends traveled to areas significantly affected by the COVID-19 (Coronavirus) in the past month? If so, please list countries/cities and exit/return date. <b>OR</b> have you been exposed to Family Members and/or Friends that have had exposure to COVID-19 (Coronavirus)? If so, document the information on the bottom of this form.	Yes	No

**Your responses to the above questions are strictly CONFIDENTIAL and only used to determine entry to the building.**

**Please indicated all of the employees contact will be made with.**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**I declare that the information provided is accurate and correct to the best of my knowledge.**

**Print Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR EMPLOYEE USE ONLY:**

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved for Entrance	
YES	NO

**Additional Responses:**

**Indicate Room Used:**  
 Conference Room 1  
 Conference Room 2  
 Council Chambers