

APPENDIX B



Calhoun County Human Resources
315 W. Green St., Marshall, MI 49068
Phone: 269-781-0992

Calhoun County Public Health Department
190 E Michigan Ave., Battle Creek, MI 49014
Phone: 269-969-6370

COVID-19 Visitor Screening Questionnaire

Court/Office Visiting: _____ Date: _____

Visitor Name: _____ Time-In: _____

In the past 24 hours, have you experienced:

Any new or unexpected symptoms from the following list (Group A):

Fever (above 100.4 °F):	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Current Temperature: _____ °F
Shortness of Breath:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Continuous Cough:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
New/Loss of Taste or Smell:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Have you have been exposed to a COVID-19 person? Yes No

(An immediate family member has tested positive for or exhibited symptoms of COVID-19; or you were notified by a public health official that you were in close contact with someone testing positive for COVID-19)

If the visitor answered yes to any of the above symptoms, it is considered a suspected case of COVID-19.

Any two (2) new or unexpected symptoms from the following list (Group B):

Chills/Repeated Shaking w/Chills:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Muscle Pain:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Headache:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sore Throat	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fatigue/Lethargy/Weakness	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Nausea/Vomiting	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If the visitor answered yes to any two (2) of the symptoms, it is considered a suspected case of COVID-19.

If the visitor may qualify as a Suspected case (as described above), the visitor shall not be permitted access to the premises.

If the visitor is not a suspected case as described above:

- Notify the visitor they are required to wear a face covering while in any public spaces within the premises.
- Allow access to the facility/premises.
- If visitor indicates they cannot tolerate a face covering, do not allow access, but assist the visitor via alternative means.

Completed By: _____ Date: _____

Notes: _____