



## COVID-19 Office Visitor / Event Participant Screening Questionnaire

During this challenging time, Outside2Inside's priority remains the safety of all of us. While ensuring compliance with state & local guidelines, we would like to schedule any visits to the Outside2Inside Office / events keeping in mind both the safety of the visitors and Outside2Inside members. So, your co-operation in this regard is much appreciated.

The safety of our everyone is Outside2Inside organization's highest priority. As the corona virus (COVID-19) pandemic continues and in order to prevent the spread of the corona virus and reduce the potential risk of exposure to people visiting our Outside2Inside office, we are asking everyone to complete and submit this questionnaire prior to entering Outside2Inside's Office. Kindly fill this questionnaire before coming to the Office. Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and our others.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Select your answer from the options provided for the below questions.

1. Do you have any fever? (Any temperature 100.4 F or greater is considered a fever.)
  - a. Yes
  - b. No
  - c. NA
  - d. Other \_\_\_\_\_



2. Do you have any of the following Symptoms?

- a. Fever
- b. Cough
- c. Shortness of breath or difficulty breathing
- d. Chills
- e. Repeated shaking with chills
- f. Fatigue
- g. Muscle or body aches
- h. Headache
- i. Sore throat
- j. New loss of taste or smell
- k. Vomiting
- l. Diarrhea
- m. None of the above

3. Do you have a new or worsening cough today?

- a. Yes
- b. No
- c. NA
- d. Other \_\_\_\_\_

4. Is anyone in your home currently sick or quarantined?

- a. Yes
- b. No
- c. NA
- d. Other \_\_\_\_\_

5. In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?

- a. Yes
- b. No



- c. NA
6. In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?
- a. Yes
  - b. No
  - c. NA
7. Has anyone in your home been in direct contact with anyone with the COVID-19 virus?
- a. Yes
  - b. No
  - c. NA
  - d. Other \_\_\_\_\_
8. Have you been tested for COVID-19 and are waiting to receive test results?
- a. Yes
  - b. No
  - c. NA
9. Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?
- a. Yes
  - b. No
  - c. NA
  - d. Other \_\_\_\_\_
10. In the past 14 days, have you been on a commercial flight or traveled outside of the United States?
- a. Yes
  - b. No
  - c. NA
  - d. Other \_\_\_\_\_



11. In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States?

- a. Yes
- b. No
- c. NA
- d. Other \_\_\_\_\_

12. Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If “yes”, please provide a brief explanation.

- a. Yes
- b. No
- c. NA
- d. Other \_\_\_\_\_

13. Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility?

- a. Yes
- b. No
- c. NA
- d. Other \_\_\_\_\_

If you answered "Yes" or “Other” to any of the above questions, please provide a brief explanation below:

---

---

---

---

**Note:** The information collected on this form will be used to determine only whether you may be infected with COVID-19. The information on this form will be maintained as



confidential. Should you have any questions please contact [contact@outside2inside.com](mailto:contact@outside2inside.com).

**Guidelines to be followed during Office Visit / Event:**

1. At this time, we would like to limit the number of people visiting the Outside2Inside Office to a maximum of 10 or less to practice effective social distancing.
2. Each person should wear a Mask & if possible, gloves for both hands. Kindly bring them with you, otherwise you will not be allowed inside the Office.
3. Mask and gloves to be worn at all times during the Outside2Inside Office visit/event.
4. Kindly trash your used mask and gloves in the appropriate marked trash cans meant for them during your visit.
5. Each person should maintain 6 Ft distance from another person at any time during the visit/event.

**Certification:**

I hereby certify that the responses provided above are true and accurate to the best of my knowledge. I agree to follow all guidelines listed above without fail.

I ALSO HAVE READ AND AGREE TO THE DISCLAIMER

[\(\[HTTPS://OUTSIDE2INSIDE.COM/DISCLAIMER\]\(https://outside2inside.com/disclaimer\)\)](https://outside2inside.com/disclaimer)

**Signature:**

By signing this COVID-19 Screening Questionnaire electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature.

Full Name: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

