



Communicable Disease Screening Tool

Name _____ Date _____

Please circle answers:

Do you have a fever, cough, rash, runny nose, muscle aches, or sore throat? NO YES

In the last month have you travelled to an area with a wide spread outbreak or had close contact with a person known to have Coronavirus, MERS, EBOLA? YES NO

Have you traveled outside the country within the last month? YES NO

If yes, to what country? _____

Temp: _____

Taken by: _____

Signature of visitor: _____