



# FLORIDA DEPARTMENT OF JUVENILE JUSTICE

## Visitor Screening Tool

Visitor's Name: \_\_\_\_\_

Youth or Staff being visited: \_\_\_\_\_

Please let us know if you have any of the following:

	YES	NO
Fever greater than 100° F	<input type="checkbox"/>	<input type="checkbox"/>
Cough or Difficulty Breathing	<input type="checkbox"/>	<input type="checkbox"/>
Recent Flu or pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled out of the United States, including cruise ship travel, within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had contact within the last 14 days with anyone who has confirmed COVID-19 or who is awaiting lab results to rule out COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>

If you have any of the above symptoms or exposures, we ask that you do not visit at this time. Please feel free to call your loved one or call our staff to check on them until your symptoms have resolved.

Thank you for your understanding and cooperation in helping us keep our youth, staff and communities safe.

\_\_\_\_\_  
Visitor Signature

\_\_\_\_\_  
Date