

WKU CCC Employee and Approved Visitor Screening Form

VISITOR AND EMPLOYEE SCREENING FORM

NAME	EMPLOYEE	VISITOR	TEMPERATURE	DATE

HAVE YOU HAD ANY OF THE FOLLOWING:	YES	NO
Fever greater than 100.1 degrees within the last 14 days		
Cough		
Shortness of Breath		
Difficulty Breathing		
Chills		
Rigors (sudden chill, rise in temp, copious sweating)		
Headache		
Sore Throat		
Change in sense of smell or taste		
Pneumonia/Flu within the past 10 days		
Diarrhea		
Vomiting		
Runny Nose		
Have you traveled by plane or cruise within and/or outside the US in the last 14 days?		
Exposure to individuals with COVID-19 symptoms, a confirmed positive COVID-19 test, or cold/flu-like symptoms within the last 14 days?		
Staff approved visitors <i>must wear facemask at all times</i> except for eating meals		

We respectfully request that you do not visit our community if you have or have had within the last 48 hours symptoms of the above listed illnesses, or if you have spent time with anyone exhibiting these symptoms, for at least 14 days after being symptom free. We also request visitors that have traveled outside the US or to states that have increased positive COVID-19 cases within the past 14 days to not have direct contact with our staff/students for at least 14 days.

Visitor/Employee Signature: _____

Screener Initials: _____



WESTERN KENTUCKY UNIVERSITY CHILD CARE CENTERS

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