

THE
COMMUNITY HOUSE
BIRMINGHAM

Visitor COVID-19 Health Risk Assessment

Visitor Name: _____ Date: _____ Time In: _____
Company: _____ Cell: _____

In the past 24 hours, have you experienced:

Fever of 100.4°F or higher Yes No

New or worsening cough Yes No

Shortness of breath Yes No

At least 2 of the following symptoms:

Chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, and/or extreme fatigue. Yes No

Current Temperature: _____

If you answer “yes” to any of the symptoms listed above, or your temperature is 100.4°F or higher, you will not be permitted to enter the building. It is recommended you self-isolate at home and contact your primary care physician for direction.

In the past 14 days, have you:

Had close contact (within 6 feet for 15 minutes at a time) with an individual diagnosed with COVID-19 or waiting for COVID-19 test results? Yes No

Been instructed to self-quarantine by a health care provider? Yes No

Travelled internationally or outside of Michigan? Yes No

If you answer “yes” to any of the questions listed above, you will not be permitted to enter the building. It is recommended you self-quarantine at home for 14 days and contact your primary care physician for direction.

If you or a member of your household are diagnosed with COVID-19 within a week of visiting The Community House, we ask that you notify our Senior Director of Human Resources at 248-594-6408.

Visitor Signature

Date