

Nez Perce Clearwater NF USDA COVID Visitor Screening Questionnaire

1. In the last 14 days, have you, or someone living in your household, been diagnosed with COVID-19?

Yes No

2. In the last 14 days, have you, or someone living in your household, been in close or frequent contact with someone who has been diagnosed with COVID-19?

Yes No

3. In the last 14 days, has someone you are caring for been diagnosed with COVID-19, or been in contact with a confirmed case of COVID-19?

Yes No

4. In the last 14 days, have you or someone living in your household been in close or frequent contact with someone who, returned from or made a travel connection through a foreign [CDC Level 2 or Level 3](#) country or [State Department Level 3 or Level 4 country](#), for example, China, Korea, Japan, the European Union, Iran?

Yes No

5. In the last 14 days has someone you are caring for returned from, or made a travel connection, through a foreign [CDC Level 2 or Level 3](#) country or [State Department Level 3 or Level 4 country](#), for example, China, Korea, Japan, the European Union, Iran.

Yes No

6. Do you currently have, or have you had within the last 24 hours, any cold or flu symptoms, including a fever greater than 100.4, shortness of breath, body aches and coughing)?

Yes No

7. If the visitor answers “Yes” to ANY of these questions, the visitor will be **denied entry to the USDA facility. The Security Officer will contact the USDA point of contact to notify them of the visitor’s status.**

8. If the visitor answers “No” to ALL questions, the visitor will be **allowed to enter the facility under pre-identified procedures**