



## **VISITOR ENTRY SELF-SCREENING**

---

**I affirm that, in the past 24 hours, I have not experienced:**

- An atypical cough
- Atypical Shortness of Breath
- A Measured Temperature of 100F or Higher
- New loss of Taste or Smell

**OR**

**Two or more of the following symptoms:**

- Chills/Repeated shaking
- Muscle Pain
- Sore throat
- New onset of severe headache
- Diarrhea, vomiting, or abdominal pain
- Congestion or runny nose

**If I am sick, I will reschedule my appointment and self-isolate at home until:**

- I have gone 24 hours without fever (without fever-reducing medication);
- Ten days have passed since onset of symptoms (or positive COVID-19 test); AND
- My symptoms have improved.

**If I am not fully vaccinated,\* I will reschedule my appointment if in the last 14 days:**

- I have been in close contact with someone sick with COVID-19; OR
- I have traveled outside of Michigan:
  - I will get tested with a viral test 3-5 days after my trip and self-quarantine for a full 7 days, even if I test negative;
  - If I do not get tested, I will stay home and self-quarantine for 14 days after travel.

---

(Visitor Signature)

---

(Date)

*\*Fully vaccinated = at least 2 weeks (14 days) past your second dose*