



KEEPING YOU SAFE

COVID-19 Temperature Screening and Questionnaire

For everyone's safety, we are now taking everyone's temperature with a no-contact thermometer. In addition, Liberty employees will be wearing masks and we are requiring all visitors to wear masks as well. Please fill out this questionnaire below the day you visit the branch and provide it to us at that time.

1. Within the last 14 days have you had a measured temperature of 100.4 or above?
☐ Yes ☐ No
2. Do you have a new or unexplained cough?
☐ Yes ☐ No
3. Do you have any shortness of breath or difficulty breathing?
☐ Yes ☐ No
4. Have you experienced chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell?
☐ Yes ☐ No
5. Do you have a new or unexplained cough?
☐ Yes ☐ No
6. Have you had close contact with a laboratory-confirmed COVID-19 case within 14 days of the start of any symptoms you have which are described in Questions 1-4?
☐ Yes ☐ No
7. Have you traveled to or from an affected geographic area with widespread community transmission of COVID-19 AND currently have any of the symptoms described in Questions 1-4?
☐ Yes ☐ No
7. Have you had community contact (e.g., attended the same gathering or stayed on the same cruise ship) with a laboratory-confirmed COVID-19 case AND currently have any of the symptoms described in Questions 1-4?
☐ Yes ☐ No

If you answer YES to any of the above questions, your appointment will be postponed and we encourage you to call your healthcare provider and/or the Florida DOH for further advice.

Print Your Name _____ Date _____

Signature _____