

Town of Milton Visitor Check-In

The health and safety of our employees and residents remains our priority as we continue to monitor the COVID-19 situation. We intend to serve and work alongside the residents of Milton in efforts to control the illness. We ask for your understanding and cooperation regarding any changes that may take place.

NAME:
PHONE/ EMAIL:
REASON FOR VISIT:
DATE:

Recent Travel/Exposure/Symptom Information

1. Have you or a family member traveled within the last 14 days? This includes internationally (outside the U.S.), by cruise ship, domestically (within the U.S.) outside of NH, VT, RI, CT, MA or ME (regardless of his/her mode of transportation). <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with: • Anyone who is known to have laboratory-confirmed COVID-19? OR • Anyone who has any symptoms consistent with COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you had respiratory symptoms such as a runny nose, nasal congestion, sore throat, cough, or shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had general body symptoms such as muscle aches, chills, and severe fatigue? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had gastrointestinal symptoms such as nausea, vomiting, or diarrhea? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you had changes in your sense of taste or smell? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath, difficulty breathing)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you currently waiting on the results of a COVID-19 test? <input type="checkbox"/> Yes <input type="checkbox"/> No

Recent Temperature

All employees and volunteers must have their temperature taken upon entry. We recommend that all visitors monitor their temperature on the daily and report those findings to us.

Temperature: _____ (Degrees in Fahrenheit)

FOR OFFICE USE ONLY

Approved: ☐

Denied: ☐

Reviewed by: _____ Date of Review: _____

*Be advised that if you are ill or exhibiting any symptoms illness, such as coughing or sneezing, etc., you are prohibited from entering the facility.