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## VISITOR HEALTH SELF-ASSESSMENT FORM

In an effort to reduce the risk of COVID-19 exposure to Yates County employees, all visitors must complete the following self-assessment:

Date: \_\_\_\_\_

Visitor's name: \_\_\_\_\_ Visitor's phone number: \_\_\_\_\_

Person/department visiting: \_\_\_\_\_

### Self-Assessment by Visitor

	YES	NO
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
Have you tested positive for COVID-19 in the last fourteen days?		
Have you experienced any cold or flu-like symptoms in the last 14 days? (Please respond "yes" or "no" to each symptom listed below.)		
1. Fever or chills		
2. Cough		
3. Shortness of breath or difficulty breathing		
4. Fatigue		
5. Muscle or body aches		
6. Headache		
7. New loss of taste or smell		
8. Sore throat		
9. Congestion or runny nose		
10. Nausea or vomiting		
11. Diarrhea		

Visitors answering "yes" to any of the above questions will not be permitted access to Yates County Buildings.

Visitor signature: \_\_\_\_\_

### For internal use:

Access to facility (circle one):      Approved      Denied

Employee name: \_\_\_\_\_ Employee signature: \_\_\_\_\_