

ANDERSON RASOR & PARTNERS, LLP SCREENING TOOL (COVID-19)

(Check One) Partner Employee Visitor* Vendor Delivery* Building Employee

Print Your Name: _____

Date: _____ **Time:** _____ ***Company/Employer** _____

Temperature: _____, _____, _____ (If temperature is > 100.4°F, individual should not be admitted)

**Section 1
MAY
NOT
ENTER**

Do you have a:	Yes	No	Comments
Fever (>100.4 F)			Call C19 Coordinator if
New or worsening cough			The Answer to Any Question
Shortness of breath			Is Yes; Ask Person To
Sore throat			Wait Outside in Hallway For Guidance
Loss of taste or smell			Office No. 312-673-7800
Chills or shaking with chills			
Muscle pain			
Headache (new or unusual onset). Not related to caffeine, dietary reasons (hunger), or history of migraines, cluster, or tension headaches, or HA typical for the individual.			
Have you attended an indoor or outdoor gathering of 10 or more people (this does not include grocery or other store visits)			

**Section 2
MAY
NOT
ENTER**

	Yes	No	Comments
Have you or anyone in your household or with whom you have regular contact:			
Travelled internationally or out of state in last 14 days?			Call C19 Coordinator if the Answer to any Question is Yes: Ask Person To Wait Outside in Hallway For Guidance
Been exposed to anyone with Covid-19 or any of the following symptoms?			Office No. 312-673-7800
Fever (>100.4 F)			
New or worsening cough			
Shortness of breath			

Sore throat			
Loss of taste or smell			
Chills or shaking with chills			
Muscle pain			
Headache (new or unusual onset)			

For any Visitors, who are you here to see? _____

If individual answers NO to ALL screening questions, the Person should complete the entire form and sign it and return it to reception to gain access.

If individual answers YES to any of the questions in section 1 or 2, the individual should wait for guidance on whether or not to be admitted. Person must still complete form.

DIRECTIONS to EMPLOYEE/VISITOR:

- While at Anderson Razor, the employee/visitor must wear a cloth face covering or mask and physical distance 6 feet from all other persons. The cloth face covering or mask must be worn at all times if you are in any area of the building other than a private office space or enclosed work space and you are alone in that private space.

Personnel/Visitor

Signature _____