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VISITOR SCREENING TOOL TO LIMIT THE TRANSMISSION OF COVID-19

DATE & TIME: _____

NAME OF PARTICIPANT: _____

NAME OF PROGRAM: _____

All visitors must attest to the following:

1. Have you travelled outside of the state within the last 14 days? YES NO
 - a. Yes = Go to (2)
 - b. No = Go to Question 3

2. Have you self-isolated for 14 days since your return? YES NO
 - a. Yes = Go to Question 3
 - b. No = Access will only be granted while wearing full Personal Protective Equipment (PPE).

3. Do you have any signs or symptom of a respiratory infection? (Example, fever, cough or sore throat.)
 - a. Yes = Contact the Health Department (Access will only be granted while wearing full PPE).
 - b. No = Got to Question 4

4. Have you had contact with someone with or under investigation for COVID-19?
 - a. Yes = Contact the Health Department (Access will only be granted while wearing full PPE).
 - b. No

5. Within the last 14 days have you or anyone in your family returned from one of the Highs Risk States, per the State of Connecticut? (<https://portal.ct.gov/Coronavirus/Covid-19-Knowledge-Base/Travel-In-or-Out-of-CT>).
 - a. Yes = Access denied (Contact the Health Department)
 - b. No = Access granted

If visitors answer yes to any of the above questions, visitors will not be allowed to enter the area without wearing full PPE.

All other visitors must wear a mask and gloves on entering and during their stay in the building.

All visitors must disinfect all surfaces that are touched or handled during their access on site.

Sanitizing wipes are provided.

Visitor's signature

By order of Wilton Health Department

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