Health Screening Form for Visitors

In an effort to reduce the risk of COVID-19 exposure to the Hoopa Valley Tribal employees, all visitors must complete the following screening questions:

Date __________________________

Visitor's/Contractor's Name __________________________

Visitor's/Contractor's Phone __________________________

Person/department visiting __________________________

Self-declaration by Visitor

1) Have you traveled outside of the United States or been in close contact with anyone who has traveled outside of the United States within the last 14 days? 

   Yes ☐  No ☐

2) Have you had any close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

   Yes ☐  No ☐

3) Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath, or other respiratory problems)?

   Yes ☐  No ☐

Visitors or contractors answering "Yes" to any of the above questions will NOT be permitted access to the Hoopa Valley Tribe's facilities.

Visitor's/Contractor's Signature __________________________

For internal use:

Access to facility (circle one):  Approved ☐  Denied ☐

Employee Name __________________________  Employee Signature __________________________