



Volunteer & Visitor Self-Screening Form

The safety of our employees, contractors, volunteers, and visitors remains our primary concern. To help prevent the spread of COVID-19 and reduce the potential risk of exposure at South Florida PBS, Inc. (SFPBS) and its affiliated entities, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in the building. Any visitor who refuses to participate is prohibited from entering our buildings.

Visitor Details

I am a: Volunteer Contractor Other Visitor

Name: _____ Phone Number: _____

Company (if applicable): _____

E-mail Address:* _____

Name of SFPBS employee who is hosting your visit: _____

Screening

Please answer the questions below. If the answer to any of the questions is yes, you are not permitted to access any SFPBS facility or workspace.

1. Within the last 14 days, have you tested positive for COVID-19?
 YES NO

2. Within the last 14 days, have you experienced any of the symptoms of COVID-19 as recognized by the CDC (symptoms of COVID-19 include fever of 100.4° F or higher; cough; shortness of breath or difficulty breathing; chills; muscle pain; sore throat; or new loss of taste or smell)?
 YES NO

3. Within the last 14-days, have you had close contact with someone who has tested positive for or has had symptoms of COVID-19? For these purposes, "close contact" generally means you came within six feet of that person for a period of 15 minutes or longer, or you were exposed (even if at a greater distance or for a shorter period of time) to the person's sneeze or cough. If in doubt on the question of "close contact," please respond yes.
 YES NO

By signing below, I certify that the answers on this form are true and correct to the best of my knowledge.

Signature _____ Date _____