



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Visitor Screening Tool

Visitor's Name: _____

Facility, Youth or Staff being visited: _____

Please let us know if you have any of the following:

	YES	NO
Fever greater than 100° F or chills within the last 7 days	<input type="checkbox"/>	<input type="checkbox"/>
Cough or Difficulty Breathing	<input type="checkbox"/>	<input type="checkbox"/>
Recent Flu or pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled outside the United States, including cruise ship travel, or been in contact with anyone who has traveled outside the United States or been on a cruise, within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled to any of the following states within the last 14 days: California, Washington, New York, New Jersey, Connecticut, and/or Louisiana?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in any social gathering of more than 10 people within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had contact within the last 14 days with anyone who is positive for COVID-19 or who is awaiting test results because they are either experiencing COVID-19 symptoms (fever, chills,	<input type="checkbox"/>	<input type="checkbox"/>

cough, difficulty breathing) or may have been exposed to COVID-19?

If you answer "YES" TO any of the above questions, you may not enter the facility at this time. Family members, we understand that connecting with your loved one is incredibly important, and there are a variety of other ways you might consider connecting with them. This includes telephone calls that staff will be happy to coordinate.

Thank you for your understanding and cooperation in helping us keep our youth, staff and communities safe.

Visitor Signature

Date