

WESTPORT COMMUNITY SCHOOLS-
VISITOR SCREENING

1. Have you had any symptoms of COVID-19 such as:
Fever, sore throat, difficulty breathing, new cough, muscle or body aches,
nausea or diarrhea, or loss of taste or smell?
YES NO

2. Have you recently tested positive for COVID-19 or are awaiting test results?
YES NO

3. Have you been exposed to anyone who has tested positive for COVID-19?
YES NO

4. Have you recently traveled to a high-risk state or country?
YES NO

If visitor answers **YES** to any of the above, do not allow entry into building. Further investigation required.