



Willingboro Public Schools

"Where Excellence is the Expectation"

Willingboro Public Schools COVID-19 Visitor Safety Agreement

Name: _____ **Date:** _____

School: _____ **Time:** _____

	Yes	No
Do you have a cough, sore throat or fever?		
Do you have shortness of breath or difficulty breathing?		
Do you have shaking chills or muscle pain?		
Do you have nausea, vomiting or diarrhea?		
Do you have new loss of smell or taste?		
Have you had close contact with anyone suspected or confirmed with COVID-19 in the past 14 days?		
Have you had contact with anyone recently sent for testing for any of the above symptoms?		
Have you been COVID tested in the last 14 and awaiting results? If yes, you will not be permitted to enter the building at this time		

Close contact is defined as being within 6 feet of a person who tested positive for COVID 19 for 10 or more minutes.

Name (Print) _____

Signature _____

Date _____

Building Representative (Signature) _____

(Signature confirms that the visitor's temperature was taken and registered below 100.4 degrees)