



# 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 <b>close contact</b> 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)**