



State of Delaware Department of Labor – IAB Hearings  
Coronavirus Screening

Visitor's Name	Location  FV <input type="checkbox"/> D <input type="checkbox"/> FV 2 <input type="checkbox"/>
Job Title (if applicable)	Date/Time
1. Have you had or do you currently have a fever greater than 99.5° Fahrenheit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you experiencing symptoms of lower respiratory illness (e.g. cough, shortness of breath)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you had close contact with a person who is under investigation for <b>COVID 19</b> while that person was ill?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Individuals answering “Yes” to any of the questions above should immediately leave the location and seek guidance from their medical provider or the Division of Public Health.

If answered “NO” to all questions: Individual is cleared for purpose of this screening.

Visitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_