



# Visitor Health Assessment

## Kentucky Department of Agriculture



Ginseng Marketing Program • 111 Corporate Drive, Frankfort, KY 40601 • Phone: (502) 573-0282

During the COVID-19 pandemic, the health of our employees and visitors is of the utmost importance. Guests and staff alike are assessing their symptoms daily as a preventive measure to curtail transmission and exposure. While on campus, we require that you wear a face mask and adhere to social distancing rules. If you do not have a mask, we can provide one upon request.

Instructions: Please complete the self-assessment below prior to your appointment time on the day of your appointment.

Are you currently experiencing, or have you experienced in the past 24 hours, any of the following symptoms?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Fever of 100.5 degree Fahrenheit or more             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cough  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of Breath                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Muscle Pain  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore Throat  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New loss of taste or smell                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gastrointestinal Symptoms (Vomiting, Diarrhea, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In the past 14 days have you,

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| returned from any country/state for which a Level 3 Travel Health Notice for COVID-19 has been issued by the CDC ( <a href="https://wwwnc.cdc.gov/travel/notices">https://wwwnc.cdc.gov/travel/notices</a> )? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| had close contact with or cared for someone diagnosed with COVID-19 or suspected to have COVID-19?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



\_\_\_\_\_  
Visitor Signature

\_\_\_\_\_  
Date

If you answer yes to any of the following, please contact us prior to your appointment for the safety of KDA staff and contact your health care professional.

**For KDA Use Only**

- |                       |                              |                             |
|-----------------------|------------------------------|-----------------------------|
| Scheduled Appointment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Walk-in               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Guest of \_\_\_\_\_

Date \_\_\_\_\_