

IDOT Visitor Screening Questionnaire

In an effort to protect everyone from illness, The Illinois Department of Transportation is taking measures to prevent the spread of exposure COVID-19 in this facility. Thank you for your patience and understanding.

Please answer the following questions:

	No	Yes
I have recently traveled to a country where COVID19 (coronavirus) is spreading within the past 14 days.		
I have been in close contact with people who have traveled to countries where COVID19 (coronavirus) is spreading within the past 14 days.		
I have been around people who are sick with colds or flu.		
I have symptoms of a cold.		
I have a fever, or have had a fever within the past week.		
I have been nauseated or have vomited or had diarrhea within the past week.		

IF YOU HAVE MARKED YES TO ANY QUESTION; PLEASE POSTPONE YOUR VISIT FOR AT LEAST 14 DAYS AFTER THE START OF YOUR SYMPTOMS. Contact your healthcare provider if your symptoms get worse. Thank you for your understanding.

Print Name: _____

Signature: _____ Date: _____