

Name _____ Date of Birth (Mo/Day/Yr) _____
First M. Last

Do you currently have:

- A cough that produces Phlegm? _____ Yes _____ No
- A cough that produces blood? _____ Yes _____ No
- A cold or sinus infection? _____ Yes _____ No
- A fever? _____ Yes _____ No
- A runny nose? _____ Yes _____ No
- A newly formed rash? _____ Yes _____ No
- Abdominal pain? _____ Yes _____ No
- Diarrhea? _____ Yes _____ No

Do you feel ill in any way? _____ Yes _____ No

Within the past two weeks, have you been in contact with anyone with measles, mumps or chicken pox? _____ Yes _____ No

Are you currently pregnant? _____ Yes _____ No

Are you allergic to latex? _____ Yes _____ No
If yes, do you experience wheezing or shortness of breath due to latex allergy? _____ Yes _____ No

I certify that all information provided above is true to the best of my knowledge.

Signature _____ Date _____

For Office Use Only

_____ I have reviewed and cleared this visitor to the Erie County Medical Center Corporation (all answers are "no". Pregnancy and/or latex allergy are not a disqualifying indicator; contact Employee Health for advice).

_____ I am unable to clear this visitor due to a potential risk to patients and/or visitors (any "yes" answers)

Signature _____ Date _____