

Oran R-3 School District
Visitor Self-Screening Form

Visitor Name:

Date:

Phone Number:

Are you showing any signs of the following symptoms?

- Temperature 100 or higher.
- Shortness of breath, difficulty breathing
- Cough
- Runny nose
- Sneezing
- Muscle Pain
- Tiredness

Have you been exposed to someone with COVID-19 positive test results in the last 14 days?

- Yes
- No

Is the information you provided on this form true and correct to the best of your knowledge?

- Yes
- No

Notes: Visitation is forbidden if there are any YES responses to the screening checklist. If 'Yes' is checked, visitors will be directed to leave the premises. Please call the office Elementary 573-262-3435 ex 1 High School 573-262-3345 ex 2.