

# TULARE COUNTY OFFICE OF EDUCATION

This form is to be completed and signed by ALL VISITORS when entering any TCOE site. Visitors are permitted by Appointment only and may not bring guest.

1. I have a fever or symptoms of a fever (Temperature over 100.4 degrees). Yes  No
2. I have a cough **not** due to a chronic or known condition. Yes  No
3. I am having difficulty breathing. Yes  No
4. I am experiencing chills, muscle pain, sore throat, or a new loss of taste or smell. Yes  No

**\*\*\*For the safety of our employees if you have indicated YES to questions 1-4, you may not enter any TCOE site**

I understand a mask is required to be worn while at the facility for the safety of myself and others and I agree to wear a mask at all times during my visit.

My signature below attest to the accuracy and compliance of the above information.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_