

Lloyd Library Visitor Health Check/Registration Form

Visitor Name (and Company name if applicable): _____

Date of visit: _____

Contact phone number: _____

Contact email: _____

Purpose of visit: _____

I have not experienced symptoms of COVID-19 in the past 14 days.

To my knowledge, I have not been in contact with anyone in the past 14 days who has tested positive for COVID-19.

I have not traveled from the following states (IA, ID, IN, KS, NV, SD, WI, WY) in the past 14 days.

Please sign me up for Lloyd Library email newsletter.

The Lloyd Library takes safety and health seriously. We will use this information to notify and cooperate fully with the City of Cincinnati Health Department should we learn of a positive test result by anyone at the Lloyd Library within 14 days of your visit. Please reschedule your visit if you are displaying COVID-19 symptoms. Exposure to COVID-19 is an inherent risk in any public location where people are present; we cannot guarantee you will not be exposed during your visit.

If I am quarantined or test positive for COVID-19 within 14 days of my visit to the Lloyd Library, I agree to notify the Cincinnati Health Department immediately.

Signature

Date