

**Please read and complete this form**

**NLETC Facility Directed Health Measures Protocols**

**Name of person entering facility:** \_\_\_\_\_ **(print name)**

The Governor’s Directed Health Measure set forth criteria for those who shall home-quarantine (or quarantine in a healthcare facility) for not less than 14 days from the date of a positive Covid-19 test. Due to the Directed Health Measure in effect in our county, and additional guidance from the Governor’s Office, the Department of Health and Human Services, and our local health department, we made the following changes to our operations and accessibility in order to continue safely serving the public:

Please respond either Yes/or No to the screening statements below.

\_\_\_\_\_ 1. Have you tested positive for COVID-19? If yes, do not enter the facility and call 308 385-6030.

\_\_\_\_\_ 2. Have you recently traveled to a COVID 19 hotspot?

\_\_\_\_\_ 3 Have you been in close contact with people who have traveled to a COVID 19 hotspot.

\_\_\_\_\_ 4. Have you been around people who are sick with colds or flu?

\_\_\_\_\_ 5. Have you been around people who were advised to self-quarantine or self-isolate?

\_\_\_\_\_ 6. Do you have any two or more of the following symptoms:

- a. Fever of 100.4 or above;
- b. Cough;
- c. Runny nose;
- d. Sore throat;
- e. Nausea and vomiting;
- f. Shortness of breath?

**If you responded yes, do not enter the facility and call 308 385-6030.**

If you responded NO to the above questions bring this form to the Firearms range building which is located on the west side of the building.

Remain in your vehicle until a staff member provide further direction. We appreciate your cooperation as we work together to keep Nebraskans safe and healthy.