



Carter Bank & Trust

Visitor Wellness Checklist

Please ask the customer each of these questions. If the answer to **ANY** of the questions is **YES**, **the customer should not be allowed into the lobby** until they can answer NO to all of the questions. You can direct the customer to the drive-thru or online banking services.

Date:	
Location:	
Customer Name:	
Employee Name:	

1. Have you **tested positive for COVID-19** or has any health department been in contact with you and **advised you to quarantine** in the past 14 days?

Answer: _____

2. Have you had **close contact (within 6 feet, for at least 10 minutes)** with someone **diagnosed with COVID-19** in the last 14 days?

Answer: _____

3. Have you or anyone you've been in contact with **traveled outside of the country** in the last 14 days?

Answer: _____

4. Have you or someone you've been in contact with been **exposed to or diagnosed with the flu** or experienced **flu like symptoms** (see below) in the last 14 days?

- Fever over 100.4° F
- Chills or body aches
- Shortness of breath or difficulty breathing
- Headache or fatigue

Answer: _____

Caring is what we'll *always* do best.