Due to health concerns across the state, we are taking steps to prevent the spread of illness. We ask that you help us protect our residents by answering a few questions.

Name: ____________________________

Address: ____________________________________________________________________

Contact Number: _________________

Who are you visiting:

Name: _________________

**Please answer the following questions:**

1. In the past 14 days, to your knowledge have you come into contact (within 6 feet) with someone who has a laboratory confirmed COVID-19 diagnosis?
   
   Yes ☐ No ☐

2. In the past 14 days, have you traveled internationally or taken a cruise?
   
   Yes ☐ No ☐

3. In the past 14 days, to your knowledge have you come in contact with anyone who has traveled internationally or taken a cruise?
   
   Yes ☐ No ☐

4. Are you experiencing any of the following symptoms?
   
   Cough: Yes ☐ No ☐
   
   Fever: Yes ☐ No ☐
   
   Shortness of breath: Yes ☐ No ☐

________________________  ______________
Signature                  Date