

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