Health Questionnaire

In order to reduce the risk of spreading infection, we ask you to review and respond to the following four health status questions. Your answers should reflect how you are feeling today.

1. Do you have a fever?
   Yes **No**

2. Do you have a cough, or are experiencing difficulty breathing or shortness of breath?
   Yes **No**

3. Have you had contact with a person who has a confirmed case of COVID-19?
   Yes **No**

4. If you have traveled outside the United States within the past 14 days, do you have signs of fever or respiratory illness, including cough, difficulty breathing or shortness of breath?
   Yes **No**

If you answered “Yes” to any of the questions above, you will not be able to enter this property today. Thank you for your cooperation.