

COVID QUESTIONNAIRE

	YES	NO
Have you ever tested positive for COVID-19?		
If you have tested positive for COVID-19, have you been in quarantine for at least 14 days, and have been cleared by a medical professional to resume normal activity?		
Have you been exposed to anyone with COVID-19 in the past 14 days?		
Are you experiencing a cough?		
Are you experiencing shortness of breath?		

Do you have a red eye or eyes?		
Are you experiencing a fever or fever-like symptoms?		
Are you experiencing chills or shaking with chills?		
Are you experiencing any recent loss of taste or smell?		
Have you traveled to any regions with high COVID-19 rates in the past 14 days including, but not limited to California, Texas, Florida or Georgia?		
Do you agree to wear your facemask throughout the entirety of you time in our facility?		

SIGN

DATE
