



### COVID-19 Pandemic Health Check

\_\_\_\_\_ I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Fever greater than 100.4F

\_\_\_\_\_ I confirm that I have not been around anyone with these symptoms in the past 14 days.

\_\_\_\_\_ I do not live with anyone who is sick or quarantined.

\_\_\_\_\_ To prevent the spread of contagious virus and help protect each other, I understand I will have to follow our strict guidelines.

\_\_\_\_\_ I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19

\_\_\_\_\_ I verify that I have not traveled domestically within the United States by a commercial airline, bus, or train within the past 14 days.

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Printed Name

Signature

Date