

Covid-19 Symptoms Check

Date: _____

Print Name: _____ Temperature Reading: _____

Please read the following. If you can answer **NO** to all the following symptoms for yourself and all members in your party, you are cleared to be our guest today.

COVID-19 affects different people in different ways. Infected people have had a wide range of symptoms reported – from mild symptoms to severe illness.

Symptoms Check:

- Fever or chills
- Cough
- 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

Have you been exposed to ANYONE who has been sick in the last two weeks? If yes, please explain.

I have not, nor any members in my party, had any of the above listed symptoms, nor been in contact with someone who had Covid-19.

Have you recently been or currently are overseas? Please give details (which country, how long you have you been state side, dates of travel, etc).

Signature

Please remember to social distance and to wear a mask when you are on the property with others who are not part of your party.