



Precaution health Questionnaire

On March 13, 2020, CMS and CDC updated guidance on restrictions. To prevent the spread of the Corona virus and reduce the potential risk of exposure to our work force, members and guests, we are conducting a simple screening questionnaire. Your participation is important to helps us take precautionary measure to protect you and everyone in this Building. Thank You for your time.

1. Have you traveled in the last 30 days? **Y / N**
2. Have you been in contact with anyone that has been exposed to the corona virus? **Y / N**
3. In the last 14 days have you experienced any:

- 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

Name: _____

Signature: _____

Date: _____