



7508 Wisconsin Avenue, 4th Floor, Bethesda, MD 20814; 301-652-7925; www.wacel.org

Guest Health Screening Declaration

The health and safety of our staff and guests is very important to all of us. To minimize the spread of COVID-19 and maximize the safety and health of everyone, we are requiring everyone entering our office to provide the following information prior to testing. Thank you.

This information will be held in the strictest of confidence and will be destroyed after 21 days. In the unlikely event contact tracing is needed, someone may contact you per Public Health Department guidance and/or regulations.

Guest Name: _____

Guest E-mail: _____

Guest Company or Organization: _____

Self-Declaration by Guest

Have you returned from any international travel in the last 14 days?

Yes _____ No _____ If yes, which country(ies): _____

Have you had close contact with or cared for someone diagnosed with COVID-19 in the last 14 days?

Yes _____ No _____

Are you experiencing and/or have you experienced any cold or flu-like symptoms in the last 14 days (which include loss sense of smell and/or taste, fever, cough, sore throat, respiratory illness, difficulty breathing, shortness of breath, diarrhea, aches and pains, chills or tiredness?)

Yes _____ No _____

Have you cared for or been in contact with someone experiencing cold or flu-like symptoms in the last 14 days?

Yes _____ No _____

Guest Signature: _____ Date: _____