



Health and Safety Questionnaire

I hereby certify that within the past 14 days-

- I have not tested positive for COVID-19.
- I have not experienced any symptoms commonly associated with COVID-19
- I have not traveled to any location that the Center for Disease Control and Prevention issued a Level 3 Travel Advisory for COVID-19.
- I have not been in direct contact of any person I know to be carrying the COVID-19.

I hereby certify that within the past 3 days I have not had a fever above 99 degrees.

- Yes, I certify that I have NOT had a fever above 99 degrees in the past 3 days.
- No, I do not certify the statement above.

Name: _____
(please print)

Date: _____

Signature: _____

Phone: _____