	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Please cirlce yes or no for every question, if the answer is yes for any of the questions that person will not be able to stay													
2	Name	Phone Number (XXX)XXX-XXXX	Fever over 100.3		Cough		Sore Throat		Shortness of Breath		Loss of Taste or Smell		Close contact with someone with COVID 19	
3			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
4			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
5			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
6			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
7			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
8			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
10			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
11			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
12			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
13			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
15			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
16			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
17			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
18			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
19			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
20			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
21			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
22			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
23			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
24			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
25			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
26			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
27			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
29			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
32			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
33			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
36			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
37			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
38														