



Visitor/Volunteer Health Questionnaire for COVID-19

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our volunteers and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and others. In addition, if you are unable to stay at least 6' from others not from your family, we request that you wear a mask while at a LASER site or activity.

1. Have you experienced any cold or flu-like symptoms in the last 14 days (such as fever, cough, sore throat, respiratory illness, pain or pressure in the chest or difficulty breathing)? Y ___ N ___
2. Have you had close contact with or cared for someone diagnosed with COVID 19 or demonstrating the symptoms described, above, within the last 14 days? Y ___ N ___
3. Have you been in close contact with anyone who has traveled within the last 14 days outside of the United States, especially to a country listed by the CDC as an area of concern? These include China, Iran, Europe, United Kingdom and Ireland. Y ___ N ___
4. Have you traveled within the last 14 days outside of the United States, especially to a country listed by the CDC as an area of concern? These include China, Iran, Europe, United Kingdom and Ireland. Y ___ N ___

Signature _____

Date _____