

# Coronavirus/COVID-19 Screening Form

Please remember to use appropriate social distancing on our property to protect our guests and employees.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a:  Visitor  Vendor  Member / Non-Member  Other \_\_\_\_\_

**What is Coronavirus (also known as COVID-19)?**

*Coronaviruses* are a large family of common viruses. Reported illnesses have ranged from very mild to severe, including death. We are doing our part by following CDC guidelines.

**Screening for COVID-19**

We are screening for symptoms of COVID-19 to help us protect guests and staff.

Please answer the questions below:

1. **Have you** tested positive for COVID-19?  Yes  No
2. **Has anyone you've come in contact with** tested positive for COVID-19?  Yes  No
3. **Is anyone you've come in contact with** waiting to receive COVID-19 test results or being monitored by their doctor or Department of Health?  Yes  No

<p>4. Have you traveled outside the United States or to the following states in the last 14 days?</p>	<p>5. Have you had any of the following symptoms in the last 14 days?</p>	<p>6. Have you been in contact with anyone who has had the following symptoms in the past 14 days?</p>
<p><input type="checkbox"/> Yes, I have gone on a cruise or traveled to the following country or region:</p> <p><input type="checkbox"/> Cruise</p> <p><input type="checkbox"/> Travel outside US</p> <p><input type="checkbox"/> Travel inside US to New York, New Jersey, Connecticut, California, Oregon, Washington or Louisiana</p> <p><input type="checkbox"/> No, I have not traveled outside of the US or to any of the above states in the past 14 days.</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Shortness of Breath</p> <p><input type="checkbox"/> Sore Throat</p> <p><input type="checkbox"/> Fatigue</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> I do not have any of the above symptoms.</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Shortness of Breath</p> <p><input type="checkbox"/> Sore Throat</p> <p><input type="checkbox"/> Fatigue</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> No one I have come in contact with had any of the above symptoms.</p>

By signing below you are agreeing to not hold the Tampa Bay Beaches Chamber or the venue host liable if you contract COVID-19.

Signature: \_\_\_\_\_