

Health Acknowledgement Form for COVID 19

As part of maintaining a healthy and safe working environment for all building occupants we are asking you to fill out this questionnaire.

Date: _____ Name: _____ Company: _____

Please answer the following questions:

Are you a:

Tenant ___ Suite Project Member ___ Visitor (company are you visiting): _____

Potential Exposure:

Have you traveled in the past 14 days to any region/place affected by COVID 19: Yes___ No ___

Have you been in close contact (within 6 feet) with any person(s) diagnosed with COVID 19: Yes ___ No___

Have you attended any large gatherings (10 or more people) such as activities/social gatherings in the past 14 days: Yes ___ No ___

Have you been experiencing any of the following in the last 14 days:

Fever (100.4) or greater, or signs of a fever without the use of any fever reducing medications:

- Yes
- No

Runny or Stuffy nose, loss of taste of smell, and/or sore throat:

- Yes
- No

Diarrhea, headaches, and/or shortness of breath:

- Yes
- No

Chills, excessive fatigue, and/or muscle pain:

- Yes
- No

If you have answered yes to one or more of these questions, please wait outside, and contact your employer for further instructions. Also, if you are a visitor, please wait outside, and contact the company/persons you are here to visit, for further instructions.

I have read this Health Acknowledgment and agree to it's use and disclosures of this information, as described. I also certify the information provided is correct.

Signature: _____

Print name: _____