To protect everyone, including staff, we are asking all visitors to complete the following questionnaire.

Name: ____________________________
Date: _____________________________

**Have you in the past 14 days:**

- Traveled to Vermont from one of the affected countries or regions listed at healthvermont.gov/covid19)?

  As of March 2020, those countries are – most of Europe, China, Iran, and South Korea

  YES / NO

- Been in contact with a novel coronavirus (COVID-19) infected person?

  YES / NO

- Have you had the following symptoms in the last few days:

  Felt unwell, especially with respiratory symptoms (cough, high temperature, shortness of breath, difficulty breathing)?

  YES / NO

v. 3/16/20