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: China, Iran, South Korea, Italy and Japan
  
  **YES / NO**

- Been in contact with a novel coronavirus (COVID-19) infected person?
  
  **YES / NO**

- Have you been to a health care facility (hospital, walk-in clinic, emergency room) where people infected with novel coronavirus/COVID-19 are treated?
  
  **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**