

To protect everyone at this facility – patients, staff and visitors – 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 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