

Visitor Entry Form

All visitors to these premises must certify certain health matters related to COVID-19, as set forth below, and abide strictly by the following procedures.

Name: _____ Date: _____

I hereby certify that:

1. I took my temperature immediately before coming to 4900 Main Street today, or my temperature was taken on arrival, and it was not higher than 100.0 degrees.
2. I have not had any of the following symptoms within the past 48 hours:
 - a. Fever,
 - b. Shortness of breath,
 - c. Persistent coughing,
 - d. Difficulty breathing, or
 - e. Two or more of any of the following: chills, muscle pain, headache, sore throat, new loss of taste or smell.
3. I understand that the following rules govern use of these premises, and I will strictly comply with these rules while on the premises:
 - a. I will maintain a six-foot separation from other persons at all times.
 - b. I will wear a face mask when in the presence of others.
 - c. If I use the restroom facilities I will, before leaving, clean the surfaces I touch with provided sanitary wipes.

Signed: _____