

# Admittance Certification

	Yes	No
1. Fever(Temperature >100.4F) or Chills	_____	_____
2. Cough, Shortness of Breath	_____	_____
3. Vomiting or Diarrhea	_____	_____
4. Muscle or Body Aches	_____	_____
5. New loss of Taste or Smell	_____	_____
6. Headache	_____	_____

In the last 14 days have you (or child) had contact with someone with confirmed diagnosis of COVID-19; Someone under investigation for COVID-19; Someone who is ill with a respiratory illness?

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In the last 14 days have you (or child) travelled on a cruise or internationally to a country with widespread community transmission of COVID-19?

\_\_\_\_\_

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Vouching for Minor Child: \_\_\_\_\_

Note: No admittance will be permitted for someone with a forehead temperature greater than 100.0.

Admittance for anyone who answered yes to the above questions must be approved by the director. Credible explanation of why it is not symptomatic of COVID-19 is required.