



**CONDUCT HEALTH SCREENING EACH TIME VISITORS ENTER THE FACILITY.**

If you are a visitor, customer, contractor, or volunteer of the city and have answered yes to any of the symptoms listed below, please do not enter any city property. Please go home and isolate yourself from others and contact your doctor for medical advice.

If you are a guest at our campground and have answered yes to any of the symptoms, please go home immediately and isolate yourself away from others and seek medical advice from your doctor.



# Visitor Health Screening

Have you had any of the following symptoms recently that you cannot attribute to another health condition?

Please answer "Yes" or "No" to each question. Do you have:

- Fever (100.4°F or higher), or feeling feverish?**
- Chills?**
- A new cough?**
- Shortness of breath?**
- A new sore throat?**
- New muscle aches?**
- New headache?**
- New loss of smell or taste?**

I sign that I am not experiencing any symptoms of COVID-19. Legal guardians of minor children must sign in their place. Signature (Sign and

Print): \_\_\_\_\_ Date: \_\_\_\_\_

If signing for a minor please print their name and your relationship to them: \_\_\_\_\_

Attest (for office use

only): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_