

Guest and Visitor Registration

During this time of National Emergency related to the Coronavirus or COVID-19, we are concerned for the wellbeing of all residents, employees and visitors. In order to promote as safe an environment as possible we are screening all guests, visitors and contractors. Please answer each of the questions below with complete truthfulness, provide your identifying information and sign this form. Upon completion return it to the front desk. You will be advised whether you will be admitted to the building. Thank you for your understanding and cooperation.

1. Have you been diagnosed in the past 14 days with COVID-19 (i.e. coronavirus)?
Yes _____ No _____

2. At any time in the last 14 days have you had any symptoms of COVID-19 (i.e. a cough, fever, or shortness of breath)?
Yes _____ No _____

3. Have you been directed to self-quarantine by a medical professional or public health official?
Yes _____ No _____

4. Have you been in contact with any person who has been diagnosed with COVID-19?
Yes _____ No _____

5. Have you been in contact with any person who has been directed to self-quarantine?
Yes _____ No _____

6. Have you been out of the United States during the prior 21 days?
Yes _____ No _____

7. If your answer to #6 is "Yes," list all countries that you visited during your trip (If the answer to #6 is "NO," insert "N/A" or "Not Applicable"):

Your Name: _____

Name of resident you are visiting: _____

Unit Number being visited: _____

Purpose of Your Visit: _____

Certification: I certify that my answers to the questions above are true and that all other information provided is true to the best of my knowledge. I am aware that if any of my answers to the questions above and/or the other information provided is willfully false, I may be subject to punishment.

Signature: _____

Date: _____