

## COVID-19 Screening Protocol: Survey for Patrons

YES or NO, are you currently experiencing any of the following symptoms?	Yes	No
A new fever (100.4°F or higher) or a sense of having a fever	<input type="checkbox"/>	<input type="checkbox"/>
A new cough that you cannot attribute to another health condition	<input type="checkbox"/>	<input type="checkbox"/>
New shortness of breath or difficulty breathing that you cannot attribute to another health condition	<input type="checkbox"/>	<input type="checkbox"/>
New chills that you cannot attribute to another health condition	<input type="checkbox"/>	<input type="checkbox"/>
A new sore throat that you cannot attribute to another health condition	<input type="checkbox"/>	<input type="checkbox"/>
New muscle aches (myalgia) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)	<input type="checkbox"/>	<input type="checkbox"/>
A new loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have you had a positive test for the virus that causes COVID-19 disease within the past 10 days?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>In the past 14 days, have you had close contact (being within 6 feet for a total of 15 minutes or more over a 24-hour period, or having direct exposure to respiratory secretions) with someone with suspected or confirmed COVID-19?<sup>§</sup></b>	<input type="checkbox"/>	<input type="checkbox"/>

**Patrons who answer YES to any of the patron screening questions should not be permitted to enter the facility.<sup>§</sup>**

**<sup>§</sup>Healthcare workers using appropriate personal protective equipment during the care of a COVID-19 patient should not be excluded from the facility based on close contact with a COVID-19 patient.**

## COVID 19 Optional Patron Agreement: Infection Control Practices

During your visit, do you agree to:	Yes	No
Immediately notify a staff member if you develop symptoms of COVID-19	<input type="checkbox"/>	<input type="checkbox"/>
Practice proper hand hygiene	<input type="checkbox"/>	<input type="checkbox"/>
Maintain appropriate physical distance between yourself and others, as much as possible (at least 10 feet for establishments with physical activity, singing, or cheering and at least 6 feet for all other settings)	<input type="checkbox"/>	<input type="checkbox"/>
Limit physical contact between yourself and others, as much as possible	<input type="checkbox"/>	<input type="checkbox"/>
Wear a face covering when entering, exiting, traveling through, and spending time inside the venue/facility (unless an exception exists per <a href="#">Executive Order 63</a> )	<input type="checkbox"/>	<input type="checkbox"/>