

**THE 228 in STERLING  
COVID-19 SCREENING QUESTIONNAIRE**

Please respond to these questions truthfully and to the best of your knowledge. Your participation is important to protect you and your fellow guests, the staff of The 228 and all the vendors present today. Thank you.

<b>NAME:</b>		
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<b>PHONE(Home/Cell):</b>		
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<b>ADDRESS:</b>		
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<b>TOWN:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>

<b>In the past 24 hours have you experienced any of these symptoms?</b>					
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>FEVER: Temperature of 101F/35.5C</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>RUNNY/STUFFY NOSE</b>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>FATIGUE</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>SORE THROAT</b>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>COUGH</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>DIARRHEA</b>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>SNEEZING</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>HEADACHES</b>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>ACHES/PAINS</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>SHORTNESS OF BREATH</b>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>HAVE YOU LOST YOUR SENSE OF TASTE AND/OR SMELL</b>			

Have you been tested for COVID-19 and are awaiting results?       YES    NO

Have you tested positive for COVID-19, or are you presumptively positive based on symptoms?

YES    NO

Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19? If you've answered "YES", please provide a brief explanation.

YES    NO \_\_\_\_\_

In the past 14 days have you been in close contact with anyone who has exhibited any symptoms?

YES    NO

In the past 14 days have you been in contact with anyone who has tested positive for COVID-19?

YES    NO

In the past 14 days have you traveled out of state? If you've answered "YES", when and where?

YES    NO \_\_\_\_\_

Have you been in close contact with anyone who has traveled in the past 14 days? If "Yes", when and where had they traveled?       YES    NO \_\_\_\_\_

In the past 14 days, have you attended any gatherings of 100 or more people? If you've answered "YES", when and where had it occurred?       YES    NO \_\_\_\_\_

In the past 14 days have you been to the beach, a bar, or any other crowded venue where social distancing was not practiced? Where?       YES    NO \_\_\_\_\_

**I hereby certify that the responses provided above are true and accurate to the best of my knowledge.**

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

If signing for a minor, please print the name of the minor below and your relationship to them.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

The information on this form will be maintained as confidential and only used for contact tracing should the need arise. It will be destroyed six (6) months from the date of the event attended.