

# HEALTH QUESTIONNAIRE AND CERTIFICATION

In order to reduce the risk of potential transmission, we ask you to review and respond to the following four health status questions. Your answers should reflect an accurate description of how you are feeling today.

1. Do you have a fever?  
YES            NO
2. Do you have a cough, or are you experiencing difficulty breathing or shortness of breath?  
YES            NO
3. Have you been in contact or close proximity with a person or persons who has a confirmed diagnosis of the novel coronavirus/COVID-19?  
YES            NO
4. Have you traveled in the past 14 days? Travel includes international or domestic travel by train, bus, cruise ship or airplane?  
YES            NO
5. Do you have any signs of fever or respiratory illness, including but not limited to, persistent cough, difficulty breathing or shortness of breath?  
YES            NO

If you answered “Yes” to any of the questions above, we kindly ask that you refrain from touring the property. Thank you for your cooperation.

\_\_\_\_\_  
Guest

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guest

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guest

\_\_\_\_\_  
Date