

## Health Assessment and COVID-19 Exposure Questions

Answer these questions for everyone in your household.

YES	NO	QUESTION
		In the past 3 days has anyone in your household had any of these symptoms? Fever, cough, difficulty breathing, body aches, new loss of taste or smell, vomiting or diarrhea, sore throat, runny nose or congestion that is new and not related to allergies
		In the past 14 days, has anyone in your household had close contact with anyone who has been symptomatic of, or diagnosed with, COVID-19?
		In the past 14 days, has anyone in your household visited any public area without a face mask or without practicing social distancing?

If you answered YES to any of these questions, you are asked to avoid gathering and socializing, or participating in any activities or entertainment at TR for a period of 14 days.

If you answered NO to all three questions, you are cleared to participate in activities and entertainment at TR as long as you observe general safety recommendations and TR Safety Protocols.

DATE: \_\_\_\_\_ LOT # \_\_\_\_\_

NAME (Printed) \_\_\_\_\_

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

PLEASE FOLD THIS SHEET IN HALF AND RETURN TO THE POST OFFICE IN THE 'LOCAL MAIL' SLOT.  
Thank you