# NOVEL CORONAVIRUS (COVID-19) GUEST SCREENING

***(<u>Each</u> guest must complete this questionnaire upon check-in)***

Guest: _____

Check-in Date: _____

Check-out Date: _____

Contact Info after check-out:

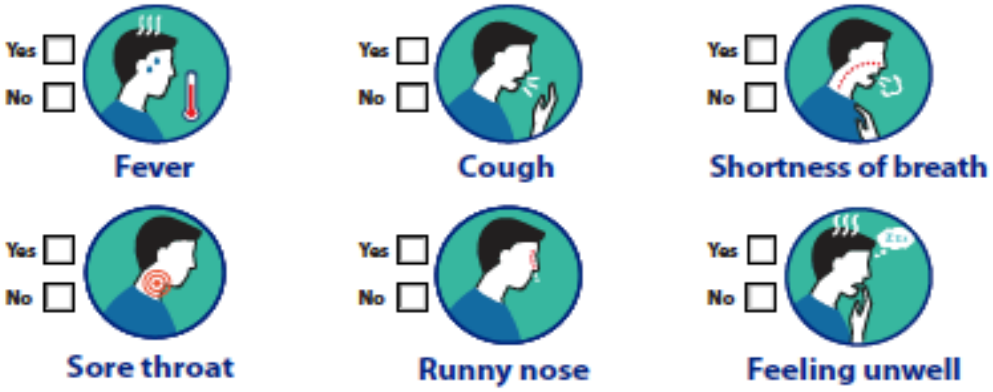
Phone: _____

Alternate Phone: _____

Email: _____

Address: _____

## Do you have any of the following:




Yes ☐
No ☐ Have you been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?

***If you do have any of the above-noted conditions or you think you may have come into contact with a recently diagnosed case of COVID-19, we respectfully ask that you defer your stay with us until symptoms have fully resolved.***

***Guest signature:*** _____ ***Date:***_____