Coronavirus/COVID-19 Screening Form

Please remember to use appropriate social distancing on our property to protect our guests and employees.

Name: ___________________________  Date of Birth: ___________________________

Are you a:  ☐ Visitor  ☐ Vendor  ☐ Member / Non-Member  ☐ Other __________

What is Coronavirus (also known as COVID-19)?
Coronaviruses are a large family of common viruses. Reported illnesses have ranged from very mild to severe, including death. We are doing our part by following CDC guidelines.

Screening for COVID-19
We are screening for symptoms of COVID-19 to help us protect guests and staff.
Please answer the questions below:

1. Have you tested positive for COVID-19?  ☐ Yes  ☐ No
2. Has anyone you’ve come in contact with tested positive for COVID-19?  ☐ Yes  ☐ No
3. Is anyone you’ve come in contact with waiting to receive COVID-19 test results or being monitored by their doctor or Department of Health?  ☐ Yes  ☐ No

4. Have you traveled outside the United States or to the following states in the last 14 days?
   ☐ Yes, I have gone on a cruise or traveled to the following country or region:
   □ Cruise
   □ Travel outside US
   □ Travel inside US to New York, New Jersey, Connecticut, California, Oregon, Washington or Louisiana
   ☐ No, I have not traveled outside of the US or to any of the above states in the past 14 days.

5. Have you had any of the following symptoms in the last 14 days?
   Check all that apply:
   □ Fever
   □ Cough
   □ Shortness of Breath
   □ Sore Throat
   □ Fatigue
   □ Other______________
   ☐ I do not have any of the above symptoms.

6. Have you been in contact with anyone who has had the following symptoms in the past 14 days?
   Check all that apply:
   □ Fever
   □ Cough
   □ Shortness of Breath
   □ Sore Throat
   □ Fatigue
   □ Other______________
   ☐ No one I have come in contact with had any of the above symptoms.

By signing below you are agreeing to not hold the Tampa Bay Beaches Chamber or the venue host liable if you contract COVID-19.

Signature: ___________________________