



CITY RANCH COVID-19 VISITOR QUESTIONNAIRE

During this pandemic, we at City Ranch have developed this questionnaire to safeguard the health of our personnel and the public. Please fill this out and submit it to info@thecityranch.org prior to your visit.

VISITOR'S NAME _____

REASON FOR VISIT _____

DATE OF VISIT _____

PLEASE COMPLETE ALL QUESTIONS BELOW:

- | | | |
|--|-----|----|
| 1. HAVE YOU TRAVELED OR DO YOU PLAN TO TRAVEL OUT OF MARYLAND WITHIN TWO WEEKS OF YOUR VISIT? | YES | NO |
| 2. HAVE YOU BEEN IN CONTACT WITH SOMEONE WHO HAS EXHIBITED SYMPTOMS OF OR TESTED POSITIVE FOR COVID-19 WITHIN TWO WEEKS OF YOUR VISIT? | YES | NO |
| 3. DO YOU CURRENTLY HAVE ANY COLD/FLU LIKE SYMPTOMS? | YES | NO |
| 4. MAY WE TAKE YOUR TEMPERATURE? | YES | NO |

TEMPERATURE _____
DATE OF RECORDING _____
RECORDED BY