A close up of a piece of paper

Description automatically generated

**COVID-19 QUESTIONNAIRE**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This is to certify that I have not been in contact with anyone who tested positive for COVID-19 and have not traveled to or from the following states within the last 14 days:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | * Alabama |  | |  | * Arkansas | | * California | * Guam | | * Florida | * Georgia | | * Hawaii | * Idaho | | * Illinois | * Indiana | | * Iowa | * Kansas | | * Kentucky | * Louisiana | | * Maryland | * Minnesota | | * Mississippi | * Missouri | |  | * Nebraska | | * Nevada | * North Carolina | | * North Dakota | * Oklahoma | | * Puerto Rico | * South Carolina | | * South Dakota | * Tennessee | | * Texas | * Utah | | * Virginia | * Virgin Islands | | * Wisconsin |  | |
|  |
|  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email or Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |