

**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:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| * Alabama
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|  | * 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
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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email or Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |