**Sample Template: COVID-19 Declaration of Symptoms**

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**Disclosure of Symptoms Declaration**

This disclosure of symptoms form seeks information from you before being admitted to our physical premises due to the circumstance of the COVID-19 virus.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you have a fever or above normal temperature? |  |  |
| Have you experienced shortness of breath or had trouble breathing? |  |  |
| Do you have a dry cough? |  |  |
| Do you have a runny nose? |  |  |
| Have you recently lost or had a reduction in your sense of smell? |  |  |
| Do you have a sore throat? |  |  |
| Have you been in contact with someone who has tested positive for COVID-19? |  |  |
| Have you tested positive for COVID-19? |  |  |
| Have you been tested for COVID-19 and are awaiting results? |  |  |
| Have you traveled outside the United States by air or cruise ship in the past 14 days? |  |  |
| Have you traveled within the United States by air, bus, or train within the past 14 days? |  |  |

By signing this disclosure, I acknowledge the answers I have provided above are true and accurate.

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Signature Date