**COVID Questionnaire**

**Signing below certifies that, to the best of your knowledge, your response to the following questions is ‘NO’.**

1. Have you experienced the development of any cold or flu symptoms in the last 14 days (fever, cough, shortness of breath, difficulty breathing, new loss of taste or smell, sore throat)?
2. In the past 10 days, have you received a positive result from a COVID test that tested saliva or used a nose or throat swab? (not a blood test)
3. To the best of your knowledge, have you had close contact (within 6 feet for at least 10 minutes) with or cared for someone diagnosed with COVID-19 within the last 14 days.
4. If you have travelled out-of-state in the past 14 days, did you comply with state and municipal guidelines upon return to Alaska?

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| **Date** | **First and Last Name, Printed** | **Temperature** |
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