

# NATURE POINTE

## Health Questionnaire/Contact Tracing Form

*Nature Pointe is required to manage those who are physically entering the Clubhouse and Fitness Center, including employees, vendors and visitors. If any of the answers to the following questions indicate "no" or there is a refusal to answer COVID-related questions, entry to the Clubhouse or Fitness Center will be denied due to the potential direct threat to health or safety of others.*

**I am not exhibiting any symptoms related to COVID-19:** YES  NO

**Simply Check "yes" or "no" for each of the following statements.**

- YES  NO  • You have not had a fever (100.4°F or higher), a sense of having a fever, or taken any fever reducing medication for the past 3 days.
- YES  NO  • You do not have a new cough that you cannot attribute to another health condition.
- YES  NO  • You are not experiencing new shortness of breath that you can attribute to another health condition.
- YES  NO  • You do not have a sore throat.
- YES  NO  • You have not experienced chills in the last 3 days.
- YES  NO  • You have not experienced new or unusual muscle pain.
- YES  NO  • You do not have a headache.
- YES  NO  • You have not experienced a new loss of taste or smell.
- YES  NO  • You are not extra fatigued.
- YES  NO  • You do not have congestion or a runny nose.
- YES  NO  • You are not experiencing any nausea or vomiting.
- YES  NO  • You have not had diarrhea in the past 3 days.

I have not had any person-to-person contact with someone who has exhibited COVID-19 symptoms or who has been diagnosed with COVID-19 in the last 14 days. YES  NO

**Continue to second page**

Initials:

I have not travelled out of state or visited an area where there has been a significant outbreak of COVID-19 activity in the last 14 days. YES  NO

My employer has placed no restrictions on me related to conducting business at other worksites. (visitors only) YES  NO

For those who have had COVID-19, I have not had a fever of 100.4 or greater AND other symptoms have improved (for example, when cough or shortness of breath have improved); AND at least 14 days have passed since symptoms first appeared. YES  NO

I agree to abide by Nature Pointe's rules and directives of staff on temperature checks, social distancing, hand washing, and face covering during the time I am in Nature Pointe Clubhouse or its Fitness Center.

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Initials: