

COVID-19 Entry Health Form

For Restaurant Patrons

Full Name

Phone Number

Email Address

Date of Visit

Have you experienced any of the following symptoms in the past 14 days?

- ☐ Fever
- ☐ Cough
- ☐ Shortness of breath
- ☐ Sore throat
- ☐ None of the above

Have you been in close contact with anyone diagnosed with COVID-19 in the past 14 days?

- ☐ Yes
- ☐ No

Have you traveled internationally or to a high-risk area within the past 14 days?

- ☐ Yes
- ☐ No

☐ I confirm that the above information is accurate.