



OLD SALEM FARM

Statement of Health Questions	YES	NO
In the past 24 hours have you experienced Fever?		
In the past 24 hours have you experienced Fatigue?		
In the past 24 hours have you experienced a Cough?		
In the past 24 hours have you experienced Sneezing?		
In the past 24 hours have you experienced Aches and Pains?		
In the past 24 hours have you experienced a Runny / Stuffy Nose?		
In the last 24 hours have you experienced a Sore Throat?		
In the last 24 hours have you had Diarrhea?		
In the last 24 hours have you had a Headache?		
In the last 24 hours have you experienced Shortness of Breath?		
In the last 24 hours have you experienced Shortness of Breath?		
Have you recently been in close contact with anyone who has exhibited any of the above symptoms?		
Have you recently been in contact with anyone who has tested positive for COVID-19?		
Have you recently traveled outside the area recently?		
Have you recently traveled outside the country?		

Name _____

Address _____

Phone number _____

EMAIL _____

Signature _____