VISITOR HEALTH SCREENING QUESTIONNAIRE and CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Visitor Name:</th>
<th>Visitor Mobile/Home Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visitor Email Address:</th>
<th>ADAMHS Meeting Host:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date: _______________________

**SELF-DECLARATION BY VISITOR – Answer “Yes” or “No”**

1. Have you 1) been diagnosed, 2) been in contact with someone who has been diagnosed or 3) been in contact with someone who may have been exposed to COVID-19 within 10 days of your visit to the ADAMHS Board?

   Answer: Y/N

2. Have you experienced a 1) cough or 2) a shortness of breath or difficulty breathing within 10 days of your visit to the ADAMHS Board?

   Answer: Y/N

3. Have you experienced at least two of these symptoms – 1) fever, 2) chills, 3) repeated shaking with chills, 4) muscle pain, 5) sore throat or 6) new loss of taste and smell – within 10 days of your visit to the ADAMHS Board?

   Answer: Y/N

If you answered “yes” to any of the above, we ask you to please reschedule your appointment until you can answer “no” to all of the above. Thank you.

**FOR OUR UNVACCINATED VISITORS:**

The ADAMHS Board requests that all visitors that have not been fully vaccinated follow the health and safety protocols:

- Notify your meeting host if you are not vaccinated so the meeting room can provide the required social distancing.
- Wear a mask while in the ADAMHS Board office space.
- Practice social distancing at all times.
- Use the provided hand sanitizer, as necessary.