



COVID-19 Screening Questionnaire

The safety of our staff, guests, and visitors is our priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. **To prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are asking all studio program attendees or their legal guardians to complete and submit this questionnaire prior to the start of their class. Additionally, we ask all class attendees or their legal guardians to monitor for the below symptoms and stay home should they begin to show any signs of these symptoms whatsoever.**

Name of Attendee: _____

Phone number: _____ Name of Class: _____

1. Are you currently experiencing, or have you experienced **in the past 14 days**, any of the following symptoms?

- Yes No Fever (100.4°C/37.8°C or greater as measured by an oral thermometer)
- Yes No Cough
- Yes No Shortness of breath or difficulty breathing
- Yes No Sore throat
- Yes No New loss of taste or smell
- Yes No Head or muscle aches
- Yes No Nausea, diarrhea, vomiting

2. **In the past 14 days**, have you been in close proximity to anyone who was experiencing any of the above symptoms, or has experienced any of the above symptoms since your contact?

Yes No

3. **In the past 14 days**, have you been in close proximity to anyone who has tested positive for COVID-19?

Yes No

4. **In the past 14 days**, have you been on a commercial flight or traveled outside of the United States?

Yes No

I understand that I am to comply with the following guidelines regarding visitation during the COVID-19 pandemic:

- Wear a face covering over my nose and mouth throughout the entirety of the Museum
- Follow staff instructions regarding safety protocol

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: _____ Date: _____