

COVID Symptom Survey and Attestation Form

I attest that each of the following are true to the best of my knowledge.

(Check all that apply - leaving any blank will indicate possible exposure to COVID - 19):

I am not experiencing any new or unusual symptoms of illness such as cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell.

I have not traveled internationally within the last 14 days.

I have not traveled to a highly impacted area within the United States of America in the last 14 days.

I do not believe that I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

I have not been diagnosed with Coronavirus/COVID-19, or I have been cleared as non-contagious by state or local public health.

I am following all CDC recommended guidelines as much as possible and am limiting exposure to the Coronavirus/COVID-19.

Master Apartments COVID-19 Procedures Statement

I agree to have my temperature taken upon entry.

I agree to wear a proper cloth or paper mask that covers my mouth and nose completely throughout my visit to the Gallery, and will maintain social distancing to the best of my ability as required by the building.

Name: _____ Date: _____

Signature: _____

Email: _____

Phone: _____