



Covid-19 Health Questionnaire

Printed Name: _____

**Please check ALL boxes that apply to you
within the last 30 days:**

- Have you, or anyone within your household, recently traveled out of the state?
- Have you come in close contact (within 6 feet) of someone who has a laboratory confirmed case of Covid-19 within the past 14 days?
- Have you had a fever greater than 100.4 °F (38.0°C) or any symptoms of lower respiratory illness such as a cough, shortness of breath, difficulty breathing, or a sore throat?

If you checked any of the above 3 questions, have you self-quarantined for a minimum of 14 consecutive days? YES / NO

- If you **have** been exposed to Covid-19, please check here to verify that you have followed all Alaska state guidelines and received a negative Covid-19 test.

Signature: _____ Date: _____



Covid-19 Health Questionnaire

Printed Name: _____

**Please check ALL boxes that apply to you
within the last 30 days:**

- Have you, or anyone within your household, recently traveled out of the state?
- Have you come in close contact (within 6 feet) of someone who has a laboratory confirmed case of Covid-19 within the past 14 days?
- Have you had a fever greater than 100.4 °F (38.0°C) or any symptoms of lower respiratory illness such as a cough, shortness of breath, difficulty breathing, or a sore throat?

If you checked any of the above 3 questions, have you self-quarantined for a minimum of 14 consecutive days? YES / NO

- If you **have** been exposed to Covid-19, please check here to verify that you have followed all Alaska state guidelines and received a negative Covid-19 test.

Signature: _____ Date: _____