



# CASV DAILY PRE-SCREENING QUESTIONNAIRE



We appreciate your cooperation and patience in helping to keep our guest and staff safe and healthy.

Have you traveled outside the U.S.in the past 30 days?      YES      NO

If yes, where? \_\_\_\_\_

Have you traveled to a U.S. City/State with reported cases of Coronavirus in the past 30 days?      YES      NO

If yes, where? \_\_\_\_\_

Have you been in personal contact with a person infected with Coronavirus or who has traveled to an area with widespread and ongoing transmission of Coronavirus in the past 30 days?      YES      NO

**IN THE LAST 48 HOURS:**

Have you had a fever (99.5°+)?      YES      NO

Have you experienced any:

Coughing?      YES      NO

Sore Throat?      YES      NO

Difficulty Breathing?      YES      NO

Muscle Aches?      YES      NO

Stomach Pain?      YES      NO

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_