

AGENCY FOR PERSONS WITH DISABILITIES VISITOR QUESTIONNAIRE

Due to health concerns across the state, we are taking steps to prevent the spread of illnesses. We ask that you help us protect our residents by answering a few questions.

Name: _____

Address: _____

Contact Number: _____

Who are you visiting:

Name: _____

Home: _____

Please answer the following questions:

1. In the past 14 days, have you traveled internationally or taken a cruise?

Yes No

2. In the past 14 days, to your knowledge have you come in contact with anyone who has traveled internationally or taken a cruise?

Yes No

3. Are you experiencing any of the following symptoms?

Cough Yes No

Fever Yes No

Shortness of breath Yes No

Signature

Date