



Maitland Area Chamber of Commerce
500 N Maitland Avenue #100
Maitland, FL 32751

407-644-0741
www.MaitlandChamber.com

**COVID-19 Safety Precautions
 Screening Form**

Name: _____

Date: _____

| | Yes | No |
|--|--------------------------|--------------------------|
| Do you have a fever or have you felt hot within the last 14-21 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you having shortness of breath or other difficulties breathing? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a cough? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any other flu like symptoms, such as gastrointestinal upset, headache or fatigue? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you experienced recent loss of taste or smell? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you traveled outside the Central Florida area in the past 14 to 21 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you have you taken a COVID-19 test in the last 14 to 21 days, what was the result? | Positive | Negative |
| Are you in contact with any confirmed COVID-19 positive patients? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>(Individuals who are well, but have a sick family member at home with COVID-19 will be asked to go home or reschedule appointment).</i> | <input type="checkbox"/> | <input type="checkbox"/> |

*All guests of the Maitland Area Chamber of Commerce must sign complete a form upon entrance into chamber office or any and all chamber events.

 Signed

 Dated