

## Jubilee Indoor Visit Questionnaire

The purpose of this questionnaire is to enable Jubilee to confirm an indoor visit to a place Jubilee provides services will not cause a risk of exposure to COVID-19. Thank you for your understanding and cooperation as we work to keep our community safe. **Please Note:** This questionnaire must be completed prior to each visit

**INSTRUCTIONS:** Please answer Yes, No, or Not Sure to the questions below. When finished, please submit your responses at least 72 hours prior to the requested visit date to the Director of Program Services, Maria Dudish: [mdudish@jubileemd.org](mailto:mdudish@jubileemd.org)

Location or person you would like to visit: \_\_\_\_\_

Date of requested visit: \_\_\_\_\_

1. Have you or anyone in your household been tested for COVID-19 within the past 14 days?
  
2. Are you and the people you plan to visit able to maintain safe physical distancing (6 feet apart wearing masks)?
  
3. Have you or anyone in your household done activities that put you at a higher risk for contracting COVID-19 during the last 14 days? (traveling by plane or public transport, interacting with someone who was sick, coming into close proximity to others, attended a large social gathering, etc.)
  
4. Have you or anyone in your household experienced any of the following symptoms in the past 14 days:
  - a. Fever or chills
  - b. Cough
  - c. Shortness of breath or difficulty breathing
  - d. Fatigue
  - e. Muscle or body aches
  - f. Headache
  - g. New loss of taste or smell
  - h. Sore throat
  - i. Congestion or runny nose
  - j. Nausea or vomiting
  - k. Diarrhea