

Atlantic City Fashion Week Screening Form

You have agreed to participate in Atlantic City Fashion Week during the COVID-19 pandemic. Please be advised of the following:

While our office complies with State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make guarantees. Our staff are symptom-free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons could be infected, with or without their knowledge. In order to reduce the risk of spreading COVID-19, we have asked you a number of "screening" questions below. For the safety of our staff, attendees, and yourself, please be truthful and candid in your answers.

First Name: _____ Last: _____

Have you travelled from ANY state within the United States, in the past 14 days? *

If so what State? _____

Are you currently awaiting the results of a COVID-19 antigen and/or antibody test? *

Yes _____ No _____

Do you have fever or have you felt hot or feverish in the last 21 days? *

Yes _____ No _____

Are you having shortness of breath or other difficulties breathing? *

Yes _____ No _____

Do you have a cough? *

Yes _____ No _____

Do you have a runny nose? *

Yes _____ No _____

Do you have a sore throat? *

Yes _____ No _____

Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue? *

Yes _____ No _____

Have you experienced recent loss of taste or smell? *

Yes _____ No _____

Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders? *

Yes _____ No _____

Within the last 14 days, have you travelled to any foreign country? *

Yes _____ No _____

Are you in contact with any confirmed COVID-19 positive patients? *Patients who are well but have a sick family member at home with COVID-19 should consider postponing elective treatment. *

Yes _____ No _____

Are you over 60 years old? *

Yes _____ No _____

Do you reside in or visit an Assisted Living Facility, Long Term Care Facility, or Nursing Home? *

Yes _____ No _____

*By signing below, I acknowledge that I have answered these questions truthfully and to the best of my knowledge. If I am under 18 years of age, I understand that this form must be signed by my parent or guardian.

PRINT NAME

SIGNATURE

DATE