

# Customer Health Screening Questions

We are ***honored you are choosing to stay with us.*** Before you enter, please ensure each guest can answer **NO** to each of the following questions.

## 1. Do you have any of the following symptoms?

Yes  No A. Fever of 100.4 degrees or higher ?

Yes  No B. Cough (excluding chronic cough due to a known medical reason other than COVID-19)

Yes  No C. Shortness of breath?

Yes  No D. Sore throat?

Yes  No E. Diarrhea (excluding diarrhea due to a known medical reason other than COVID-19)

## 2. Have you had or have you been notified that you have had close contact with a person that has been diagnosed with COVID-19 through a positive test result?

Yes  No

## 3. Have you traveled internationally (i.e. air travel or cruise) within the last 14 days?

Yes  No

***If you answered YES to any of the following questions, you are prohibited from staying at our resort.***

Please Print:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

**Please note:** We are practicing all preventive measures to stop the spread of COVID-19, including guidance from the CDC, FDA, EPA, the State of Michigan, and our local health department. Despite all of our efforts, you are entering a public facility at your own risk.