





COVID-19 Symptoms: Fever of 100.4 or above, chills, new or worsening cough, shortness of breath or difficulty breathing, new or worsening muscle or body aches, new loss of taste or smell, sore throat (different than your seasonal allergies), congestion or runny nose, diarrhea and vomiting

Renter: \_\_\_\_\_

Date: \_\_\_\_\_

Name	Address	Phone	Email	Temperature	Do you have any symptoms of COVID 19? Yes or No	Had contact with a person diagnosed with COVID-19 in the past 14 days?