



## Gibbs Visitor Health Questionnaire

Due to the COVID-19 pandemic, Gibbs requires a completed health questionnaire prior to you entering Gibbs' facilities. This helps to ensure the continued health and safety of our team members, customers, and guests.

Upon arrival, you will complete the following information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Date/Time of visit to Gibbs: \_\_\_\_\_

Please answer "Yes" or "No" to each question:

### Have you had any of the following symptoms in the last 7 days?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Fever (100.5° F or higher)?                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A new cough?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Shortness of breath or difficulty breathing?               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Sore throat?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| New muscle aches or headache?                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Gastrointestinal symptoms (i.e. diarrhea, vomiting, etc.)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Chills or repeated shaking with chills?                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A new loss of taste or smell?                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Are you currently positive for Covid?  YES  NO

Are you currently awaiting results from a Covid test?  YES  NO

Is there anyone in your household who is ill (with any of the above symptoms) or been diagnosed with COVID-19?  YES  NO

Have you been in contact with anyone who is ill (with any of the above symptoms), shown symptoms, or been diagnosed with COVID-19?  YES  NO

We are making every effort to protect our team members, customers and visitors. By signing below you release, acquit and discharge Gibbs and its agents and employees from any liability associated with COVID-19 for any circumstance including the negligence of Gibbs or its employees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date