

## COVID-19 VISITOR CERTIFICATION

**By signing below, I certify that within the last fourteen (14) days:**

- 1. I have not traveled via airplane or Cruise ship.**
- 2. I have not been in close contact with anyone who recently traveled via airplane or Cruise ship.**
- 3. I have not been in close contact with anyone exposed to, or diagnosed with, COVID-19**
- 4. I have not had any of the following COVID-19 symptoms in the past 7 days:**
  - **Fever**
  - **Cough**
  - **Shortness of breath**
  - **Difficulty breathing**
  - **Sore Throat**
  - **Chills**
  - **Muscle Pain**
  - **Headache**
  - **Loss of taste or smell**
  - **Diarrhea**

Printed Name: \_\_\_\_\_

Temperature Reading \_\_\_\_\_

Signature: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Certification form