Please answer the following questions before you come into our secure area:

First and Last Name_____ Phone Number_____

1. Do you have a fever, chills or a new headache?
   ◯ YES ◯ NO
2. Do you have a new cough or shortness of breath?
   ◯ YES ◯ NO
3. Do you have new muscles aches or sore throat?
   ◯ YES ◯ NO
4. Have you recently lost your taste or smell?
   ◯ YES ◯ NO
5. Are you living with someone who recently tested positive for Covid-19?
   ◯ YES ◯ NO

Email Form to Probation

Thank you for your assistance and patience.