



## COVID-19 SCREENING FORM

There is no higher priority at Total Records than the safety and protection of our employees and guests alike. We are constantly monitoring the evolving situation surrounding COVID-19, and we believe it should be taken seriously. To ensure the safety of our employees and guests please complete our COVID-19 Screening Form below.

Please email this completed form to Denise Miller 24 hours prior to your visit: [dmiller@totalrecords.com](mailto:dmiller@totalrecords.com)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date and Time of Visit

**Please select Yes or No:**

- 1. Have you experienced any fever (100.4 degrees or greater), chills, repeated shivering, cough (new or different than your usual cough), sore throat, shortness of breath, nausea, muscle pain, loss of taste, loss of smell or any flu-like symptoms in the last 7 days?  
 YES                                      NO
- 2. Have you been in close (less than 6 feet) or prolonged contact (more than 5 minutes) with someone who has been suspected or confirmed of contracting COVID-19 in the last 14 days?  
 YES                                      NO
- 3. Have you travelled internationally or have been on a cruise ship in the last 14 days?  
 YES                                      NO
- 4. Have you had a positive PCR test for COVID-19 (via mouth or nose) in the last 30 days?  
 YES                                      NO

**All visitors are expected to comply with CDC guidelines including the following requirements:**

- Wear a face mask which covers your nose and mouth at all times.
- Maintain social distancing by keeping at least 6 feet away from others when possible.
- Practice proper hand hygiene by washing hands (frequently) for 20 seconds with soap and water or hand sanitizer.

**This form should be completed for each guest**