



VISITOR/VENDOR QUESTIONNAIRE

To protect our residents and staff, we are asking all visitors to complete the following questionnaire.

Name: _____ Community Name: _____

Date: _____ Reason for Visit: _____

Have you in the past 14 days

1. Traveled to or from one of the affected countries or regions listed as a Level 3 Travel Health Notice on CDC.gov?

- As of April 2020, this includes China, Iran, Most European Countries, The United Kingdom and Ireland. This also includes certain areas within the US like New York, Connecticut and New Jersey. For a complete list please visit [cdc.gov](https://www.cdc.gov).

Yes _____ No _____

2. Been in contact with a novel coronavirus (COVID-19) infected person?

Yes _____ No _____

3. Have you had the following symptoms in the last few days?

- Felt unwell, especially with respiratory symptoms (cough, high temperature, shortness of breath, difficulty breathing)?

Yes _____ No _____

4. We are asking everyone who enters our community to take their temperature within 12 hours before entering. Within the last 12 hours has your temperature been at 100F or above?

Yes _____ No _____

If you answer yes to any of the questions above, please consider postponing your visit.

Sincerely,

The Team at Summit Properties