



Guest Self Screening Questionnaire  
if you answer **Yes** to any of these please contact your host

1. Have you experienced a new cough within the last 14 days?

YES ☐ NO ☐

2. Have you had a fever with a temperature at or above 100.4 within the last 14 days?

YES ☐ NO ☐

3. Have you experienced a new sore throat within the last 14 days?

YES ☐ NO ☐

4. Have you experience shortness of breath within the last 14 days?

YES ☐ NO ☐

5. Have you been diagnosed with COVID-19 and are still within the 14 days quarantine period?

YES ☐ NO ☐

6. You are certifying that you are healthy and to your knowledge have not had unprotected contact with anyone with Covid-19 symptoms for at least 14 days.

YES ☐ NO ☐

7. Have you been in a state that is considered a Covid-19 Hot Spot in the last 14 days

YES ☐ NO ☐ Where: \_\_\_\_\_

In response to COVID-19 and in consideration for the well-being of our members employees and guests. Preakness Hills Country Club has implemented reasonable procedures and measures to reduce exposure to COVID-19 virus under the guidance and requirements of local and state officials. By signing this statement you agree to adhere to all rules regulations and assume all associated risks with using the Preakness Hills facility. Please practice social distancing.

Member Name: \_\_\_\_\_ Guest Name: \_\_\_\_\_ Temperature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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