



AZURE STAGES

AZURE STAGES VISITOR HEALTH SCREENING QUESTIONNAIRE

The health and safety of our employees, customers, families and visitors remains the top priority of AZURE STAGES. As the Coronavirus situation continues to evolve globally, we're asking you to complete this screening to help prevent the spread of or exposure to COVID-19. If you answer "yes" to questions 1 or 2, we respectfully request you reschedule your visit or request a virtual consultation. If you answer "no" to these questions and plan to proceed with your visit, please print this document and bring it with you.

While in our facility, we ask you to exercise safe social distancing guidelines, avoid handshakes and abide by current health guidelines to frequently and thoroughly wash your hands.

Visitor Name:	Visitor Mobile/Home Phone Number:
Visitor Company/Organization:	Signature and date:
Facility Name: AZURE STAGES	Host:
Planned date of visit:	

SELF DECLARATION BY VISITOR	
1 YES NO	Have you 1) been diagnosed, 2) been in contact with someone who has been diagnosed or 3) been in contact with someone who may have been exposed to COVID-19 within 14 days of your visit AZURE STAGES? (Please circle YES or NO)
2 YES NO	Have you experienced any cold or flu-like symptoms (including fever, cough, sore throat, respiratory illness, difficulty breathing) within 14 days of your visit to AZURE STAGES? (Please circle YES or NO)

If you answered "YES," please defer your visit to a later date. If you answer "NO," please proceed. Thank you. Access to facility (circle: APPROVED / DEFERRED) Note: If you plan to be onsite for consecutive days, please immediately advise your AZURE STAGES host if any of your responses change.