

PORT ANNE OWNERS ASSOCIATION, INC.
COVID -19 SCREENING QUESTIONNAIRE

The Phase Three Mandatory Requirements for Swimming Pools requires the daily screening of pool users for COVID-19 symptoms or exposure. Please check the appropriate boxes below.

Are you currently experiencing a fever (100.4 F or higher) or a sense of having a fever?

Yes No

Do you have any of the following symptoms that cannot be attributed to another health condition?

Symptom	Yes	No
Cough		
Shortness of breath		
Sore throat		
Chills		

Date

Signature of Pool User or Parent/Guardian of
Minor Child

Print Name of Pool User

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