



Contact Information & COVID-19 Health Check

Upon arrival to VMESC please turn in this completed form to a VMESC staff member to help all of us ensure the health and safety of the guests, staff and residents of Villa Maria. If we become aware that someone you may have come in contact with at VMESC tests positive for COVID-19 within 14 days of your stay, we will inform you so that you may take appropriate precautions. Please be assured that names and personal contact information will not be shared with other guests in this process.

Contact Information:

Name (please print) _____

Phone Number _____

Email _____

Dates of stay _____

COVID-19 Health Check Questionnaire:

Are you experiencing a cough, headache, sore throat, shortness of breath, body aches/fatigue, chills, muscle pain, or loss of taste or smell not attributed to a known or previously experienced condition?

☐ Yes

☐ No

Have you had COVID-19 in the past 14 days?

☐ Yes

☐ No

Have you been in close, direct contact with a confirmed or suspected case of COVID-19 within the last 14 days?

☐ Yes

☐ No

If you answered yes to any of these questions, you will not be able to stay at VMESC.