

COVID-19 SALE QUESTIONNAIRE

1. Have you or anyone in your household been in close contact with anyone who has been confirmed as having COVID-19?
___ yes or ___ no
2. Have you experienced any of the COVID-19 symptoms, whether or not you were actually diagnosed with COVID-19 (symptoms include cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell)
___ yes or ___ no
3. Are you or do you live with an "at risk" person? (at risk includes persons over 65, persons with a serious chronic medical condition, immunocompromised person, pregnant women)
___ yes or ___ no
4. Are you or anyone in your household a healthcare worker caring for a confirmed COVID-19 patient?
___ yes or ___ no
5. Have you or anyone in your household traveled to a COVID-19 'hot spot' outside of Greenville County S.C. or Internationally in the last 2 weeks?
___ yes or ___ no. If so, where _____

Internationally: ___ yes or ___ no

If yes, please list the countries visited: _____

Please sign and print your name. I understand that I am choosing to participate in a sale where more than 10 people will be in attendance and that I am required to wear a mask and practice social distancing while in the courthouse.

Date

Signature

Print Name