Daily Visitor Log _____

I confirm that I

* do not have a fever of 100.4°or greater, cough, difficulty breathing, ro any other symptoms that may suggest that I am ill.
* have not had contact with a laboratory-confirmed COVID-19 person within the last 14 days
* have not tested positive for COVID-19
* am not awaiting results of a pending COVID-19 test
* have not traveled to a COVID-19 affected area, as defined by the CDC or the Indiana Department of Health within the last 14 days.

Printed Name	Signature	Phone #