



COVID-19 Questionnaire

The safety of our valued staff, students and guests continues to be our company's utmost priority. As the Corona Virus continues to spread globally, we at AMTT, PLLC wish to abide by the health and safety guidelines and recommendations established by the Centers for Disease Control and the World Health Organization.

To help reduce the risk of further contact and exposure with COVID-19 we are asking you to participate in a self-screening questionnaire. Your written response to the questionnaire is a vital part in our precautionary measures of maintaining safety for you and everyone inside the building.

1.	Have you traveled outside of the United States within the last 30 days? YES <input type="checkbox"/> NO <input type="checkbox"/>
2.	Have you had contact with anyone who has tested positive for COVID-19 in the past 14 days? YES <input type="checkbox"/> NO <input type="checkbox"/>
3.	Have you been in contact with anyone who has traveled outside of the United States within the last 14 days? YES <input type="checkbox"/> NO <input type="checkbox"/>
4.	Have you experienced any flu like symptoms in the last 14 days? (including fever, cough, sore throat, respiratory illness, difficulty breathing) YES <input type="checkbox"/> NO <input type="checkbox"/>

For Clients/ Guests

If you appear ill when you arrive for your appointment and/or answer 'yes' to any of the above questions, we will cancel your appointment and assist you in rescheduling your appointment, without any penalty.

For Employee's

If you appear ill when you arrive for your shift and/or answer 'yes' to any of the above questions, you will be asked to leave home.

Acknowledgement:

By signing below, you confirm that your answers are honest to the best of your ability, and you agree to entering the facility free of COVID-19 symptoms or COVID-19.

Name

Signature

Date