

## Jojoba Hills SKP RV Resort Covid Health Questionnaire

Names: \_\_\_\_\_

Date: \_\_\_\_\_

SKP Number: \_\_\_\_\_

1. Temperature check by office personnel: \_\_\_\_\_  
*(If temperature is 100.4 or higher you may not participate. Please seek medical care.)*

2. Are you feeling sick now? Yes \_\_\_ No \_\_\_  
*(If symptomatic, not allowed to enter; seek medical care, return when well)*

3. Have you been well for the last 10 days? Yes \_\_\_ No \_\_\_  
*(If NO, must quarantine, or show negative COVID test or proof of vaccination)*

4. Have you had any known or suspected exposure to COVID19 in the last 10 days?  
Yes \_\_\_ No \_\_\_  
*(If YES, but no symptoms, may enter but must quarantine)*

5. Have you been fully vaccinated? Yes \_\_\_ No \_\_\_

**People are considered fully vaccinated:**

***Two weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines,***

***or***

***Two weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine***

*(If NO you must self-quarantine 10 days or show negative COVID test. If YES must show vaccine card)*

7. I have read and agree to follow CDC and Jojoba Hills COVID guidelines, including wearing masks and social distancing when in public?

Yes \_\_\_ No \_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_