

Visitor Health Declaration Form

The Tompkins Center for History and Culture requires all visitors and/or volunteers to complete a Visitor Health Declaration form upon their arrival to ensure a safe and clean environment for our community. Completion of a Visitor Health Declaration Form is required each time you visit The Tompkins Center for History and Culture. Please leave your completed form with the on-site employee who provided it to you.

I,

(please print first and last name)

Hereby attest the following:

Within the fourteen (14) days immediately preceding the date of this Health Declaration Form, to the best of my knowledge, I HAVE NOT:

- a) Tested positive, presumptively positive, or been identified as a potential carrier of the COVID-19 coronavirus.
- b) Experienced any of the common symptoms now associated with the COVID-19 coronavirus. Those symptoms include, but are not limited to:

- Cough, shortness of breath, or difficulty breathing**
 - Fever, chills, or otherwise elevated body temperature**
 - Muscle or body aches**
 - Vomiting or diarrhea**
 - Recent loss of taste or smell**

- c) Spent time in any location where a positive COVID-19 diagnosis has been identified within a 24-hour window of my visit.
- d) Been in direct contact with or in the immediate vicinity of any person I knew and/or now know to be positively diagnosed as carrying the Coronavirus.

In addition to affirming each of the above statements, I also agree to the following:

- a) I will notify a representative of The Tompkins Center for History and Culture if I am positively diagnosed with COVID-19 within 14 days of my visit.
- b) This Declaration of Health will be considered as my consent to disclose, share, record, and store this Declaration with any relevant authority for the

sole purpose of ensuring the safety and security of any and all third parties that may come in contact with me prior, during, and after my visit.

- c) I affirm that all of the above statements apply equally and fully to the minors under the age of 18 who are accompanying me during my visit.

First and Last Name:

Age: _____ Relationship to Signer: _____

First and Last Name:

Age: _____ Relationship to Signer: _____

First and Last Name:

Age: _____ Relationship to Signer: _____

If additional space is needed, please request an additional form from the employee who provided this Health Declaration form.

I affirm that while I am on site at The Tompkins Center for History and Culture, I will fully comply with health practices implemented to mitigate the spread of COVID-19. The primary policies include:

- a. Wearing a mask or face covering for duration of my visit.
- b. Maintaining six (6) feet of distance between others if at all possible.
- c. Treating others on site with respect and care.

By signing this form, I declare that the information I have given is true, correct, and complete to the best of my knowledge.

Printed Name: _____ Date: _____

Signature: _____