

**Denver Architecture Foundation**

**Tour Participant COVID-19 Questionnaire**

Please answer these questions and return the Questionnaire to the DAF staff person.

1. Name \_\_\_\_\_

2. Do you have any of the following symptoms?

- Cough
- Shortness of Breath or Difficulty breathing or Chest Tightness
- Sore Throat
- Congestion/Runny Nose
- Muscle, head, or body aches
- Fatigue
- Loss of Taste and/or Smell
- Diarrhea
- Nausea
- Vomiting
- Fever/Chills/Sweats

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

3. Are you unvaccinated and had close contact in the last 14 days with someone with a diagnosis of COVID-19?

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

**If you answer Yes to any question, you should not participate in the Tour, and DAF will give you a refund.**