



PIONEER RANCH 2020

HEALTH QUESTIONNAIRE

We are so grateful that you have decided to give of your time and energy to help us make the Ranch we all love even better. We know things will be different during your stay here than they usually are, but we hope that even with the changes you feel welcome and blessed by your time on site. Your safety, as well as the safety of our on-site staff, volunteers and animals are a priority for us in this time.

Thanks for taking the time to fill out this questionnaire. If you answer yes to any of the questions, we will ask that you stay home and plan to come to the Ranch another time. *Please note that all family members wishing to attend must fill out a separate questionnaire.*

NAME: _____

1. **Please record your current temperature** (average normal temp.: 98.6 F (37 C): _____
2. **Have you travelled outside of the country in the past 14 days?**
 - a. Yes
 - b. No
3. **Are you experiencing any cold-like symptoms (coughing, sore throat, stuffy nose)?**
 - a. Yes
 - b. No
4. **Are you experiencing any flu-like symptoms (nausea, headache, upset stomach)?**
 - a. Yes
 - b. No
5. **Have you been in contact with anyone who has tested positive for the Covid-19 virus?**
 - a. Yes
 - b. No