VILLA PARK HISTORICAL MUSEUM CONTACT INFORMATION

NAME(S)_________________________________________ Date of Visit __________

ADDRESS__________________________________________________________

CITY __________________________ STATE_______ ZIP CODE__________

EMAIL __________________________ PHONE NUMBER_____________

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - COVID19 SAFETY / HEALTH QUESTIONS

1) Do you or any members of your party have a fever? Circle YES or NO

2) Do you exhibit any COVID19 Symptoms? Circle YES or NO

3) Have you been exposed to anyone testing positive for COVID19 during the past 14 days? Circle YES or NO

4) Do you have any health issues that make you a high risk for COVID19? Circle YES or NO

DATE OF VISIT ______________________ FORM: cmvphmci July 6, 2020