

**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