



Mt Hood Meadows and Cooper Spur COVID-19 Visitor & Employee Self-Screening Form

The safety of our employees, customers and visitors, remains the company's primary concern. To help prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in the building. If you're unfamiliar with the Mt Hood Meadows/Cooper Spur infection prevention plan, please request a copy from your manager or contact (for vendors). Thank you for your time and co-operation.

I am a:

Company Employee Visitor at Company

Contact Information:

Name:

Mobile Number:

E-mail Address:

Locations in the resort you will be visiting/working in:

Dates that you will be on site:

Visitor Details:

Visitor's Company Name:

Name of Company Host:

If the answer is yes to the following question, access to the facility will be denied.

Are you experiencing any symptoms (Fever or chills, Cough, Shortness of breath or, difficulty breathing, Fatigue, Muscle or body ache, Headache, new loss of taste or smell, Sore throat, Congestion or runny nose, nausea or vomiting, Diarrhea) that can't be attributed to a condition other than COVID-19?

Yes No

Have you been in close contact with a person with COVID-19 symptoms (close contact is defined as being within 6' of a person for 15 minutes or more over the course of 24 hours)?

Yes No

Are you willing to comply with the Mt Hood Meadows Infection Prevention Plan (specifically wearing a mask, watching your distance and washing your hands)?

Yes No

Is the information you provided on this form true and correct to the best of your knowledge?

Yes No

Employee/Visitor Signature acknowledging that the information provided in this form is true and correct:

Signature

Date