

## Return from Open Weekend, Holiday or Vacation COVID Survey

Today's Date:

Cadet First Name

Cadet Last Name

Company: Alpha Bravo Delta HQ (Circle One)

1. Cities/towns you visited while away from Hargrave: \_\_\_\_\_
2. Were you in a large crowd (over 50 people) without a mask on? **Yes** or **No** (circle one)
3. Were you without a mask on for 15 minutes or longer AND within 6 feet of another person not wearing a mask? **YES** or **NO** (circle one)
4. What mode of transportation did you travel by? (circle all that apply) **Car Bus Airplane Train**
5. Did you or any person you were with experience flu-like symptoms (fever, chills, nausea/vomiting, loss of taste or smell, shortness of breath)? **YES** or **NO** Circle one. If YES, please list the name of the person who had these symptoms :
6. Were you or anyone you were with diagnosed with the flu or COVID in the past 2 weeks? (circle one) **YES NO**

Temperature on arrival back to campus: \_\_\_\_\_