

### Questionnaire

Are you feeling ill today with any of the following symptoms?

- Shortness of breath (Yes/No)
- Fever (Yes/No)
- Cough (Yes/No)
- At least 2 of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell (Yes/No)

Have you experienced the following symptoms in the past 14 days? (Yes/No)

- COVID-19 (Yes/No)
- Shortness of breath (Yes/No)
- Fever (Yes/No)
- Cough (Yes/No)
- At least 2 of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell (Yes/No)

Have you have been in close contact with anyone who is sick or showing any of the below symptoms?

- COVID-19 (Yes/No)
- Shortness of breath (Yes/No)
- Fever (Yes/No)
- Cough (Yes/No)
- At least 2 of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell (Yes/No)

I have had COVID-19, confirmed by test and recovered (Yes/No)

### Acknowledgement

- You are indicating that (i) you are not experiencing symptoms of illness (i.e. shortness of breath, fever or cough), and (ii) you have not experienced those symptoms in the past 14 days, and (iii) you have not been in close contact with anyone who is sick or showing any illness, or (iv) you have had COVID-19 and have recovered
- You will alert us if you have been diagnosed with COVID-19 after being at ONE15 Brooklyn Marina/ONE15 Brooklyn Sail Club property (including boats, docks, Ebb & Flow and Estuary Restaurant)
- If you feel any symptoms of COVID-19 while at ONE15 Brooklyn Marina, you will let ONE15 staff know and immediately leave the property and appropriately seek medical attention
- You agree to abide all safety, health, security and COVID protocols established by ONE15 Brooklyn Marina LLC and its affiliated companies

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Please print)