Daily Employee/Guest Temp Log

I hereby certify, represent and warrant as follows:
Within the fourteen(14) days immediately preceding the Date of this Health Declaration Form, <u>I HAVE NOT:</u>

a. **Tested positive or presumptively positive with the coronavirus or been identified as a potential carrier of the covid-19 virus or similar communicable illness**
b. **Experienced any symptoms commonly associated with the Coronavirus (Fever, Shortness of breath, Cough, Chills, Repeated shaking with chills, Muscle Pain Headache, Sore Throat, New Loss of taste or smell)**
c. **Been outside of New Mexico**
d. **Been in direct contact with or the immediate vicinity of any person I knew and / or now know to be carrying the coronavirus or has traveled outside of New Mexico within the last fourteen (14) days**

Date	Name	Temp	Signature

New Mexico Restaurant Association
NMRA

Form Courtesy of Weck's