Morris Arboretum
University of Pennsylvania
Official arboretum of the Commonwealth of Pennsylvania

PennOpen Pass

Morris Arboretum

Health Attestation/Covid-19 Screening

Date: _____

Name: _____

EXPOSURE

In the last seven days, have you been in contact with someone who has been newly diagnosed with COVID-19?

☐ Yes ☐ No

In the last seven days, have you been in contact with someone who has a fever or cold-like symptoms AND who has had recent exposure to COVID-19?

☐ Yes ☐ No

SYMPTOMS

Are you currently experiencing any symptoms of COVID-19?" (please check all that apply)

☐ New cough

☐ New difficulty breathing

☐ Fever above 100.0F or feeling feverish (chills, body aches)

☐ Unusual fatigue

☐ Loss of appetite

☐ New loss of taste or smell

☐ Headache

☐ Vomiting or diarrhea

☐ New runny nose or nasal congestion

☐ New sore throat

☐ New rash on fingers or toes

Comments: