



# Miracle Mountain Ranch

101 Rodeo Drive Spring Creek PA 16436 • www.MiracleMountainRanch.com • (814) 664-7673

## Rancher Pre-Screening Health Questionnaire

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

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

Are you currently or in the last 2 weeks experienced any of the following symptoms or combinations of symptoms?	Yes	No	N/A	How long have you experienced these symptoms?
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Or at least two of these symptoms:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fever (100.4 or higher)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Muscle Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New loss of taste/smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Social Distancing and Exposure Checklist:

Have you had any of these experiences in the last 2 weeks?	Yes	No	N/A	Comments
Have you self-quarantined? If so, how many days and why?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been exposed to <i>anyone</i> currently waiting for COVID-19 test results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been exposed to <i>anyone</i> who has tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you traveled outside of the US in the past 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MMR Staff Name: \_\_\_\_\_ Rancher Temperature: \_\_\_\_\_

Drop Off: \_\_\_\_\_ Pick-up: \_\_\_\_\_