



**fStops Camera Club – Meeting in the Northridge Room**

This form must be completed and handed to a designated fStops representative prior to entering The Village at Northridge

Name \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

1. Do you currently have any of the following: Fever (over 100°), cough, shortness of breath, chills, muscle pain, headache, sore throat, loss of taste or smell?  
Y \_\_\_\_\_ N \_\_\_\_\_
2. Contact – Have you had a prolonged, direct contact (within 6 feet) of someone with COVID-19, or has COVID-19 symptoms or is being/has been tested for COVID-19?  
Y \_\_\_\_\_ N \_\_\_\_\_
3. Testing – Are you, a family member or close personal contact being tested or do you have a pending test for COVID-19?  
Y \_\_\_\_\_ N \_\_\_\_\_
4. Travel – Have you traveled outside the US or outside of California, including Mexico, in the last 14 days, or been to a COVID-19 cluster area?  
Y \_\_\_\_\_ N \_\_\_\_\_
5. High Risk Exposure – (1) Have you been to an ER and/or Hospital within the last 14 days? (2) Do you have another job where there has been a COVID-19 positive case, or where COVID-19 testing is taking place? (3) Does anyone in your household have COVID symptoms or being tested for COVID?  
Y \_\_\_\_\_ N \_\_\_\_\_
6. Have you been vaccinated against COVID-19 Y \_\_\_\_\_ N \_\_\_\_\_
7. **Do you agree to wear a facemask during your entire visit within The Village at Northridge?**  
Y \_\_\_\_\_ N \_\_\_\_\_

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

Date \_\_\_\_\_