



**Marion**  
NATURAL HISTORY  
M U S E U M

### Pre-program Screening Form

Due to COVID-19 virus the Marion Natural History Museum requests that all prospective program participants complete the following and submit to the museum director at [Director@marionmuseum.org](mailto:Director@marionmuseum.org).

Once we receive the completed form for each visitor the Museum Director will call or email you to schedule a time to visit the museum.

Date of proposed visit: \_\_\_\_\_

Time of visit: Arrive: \_\_\_\_\_ Depart: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Name and ages of each visitor:

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1. Do any of the above currently have an above normal temperature? \_\_\_\_\_
2. Have any of the above had a cough or shortness of breath that began within the past 14 days?  
\_\_\_\_\_
3. Have any of the above been near anyone diagnosed with COVID in the last 14 days? \_\_\_\_\_

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4. Have any of the above been diagnosed with COVID in the last 14 days? \_\_\_\_\_

4. In the past 14 days, were you or any member of the above notified by your medical provider or a trace team to remain home because of COVID-19? \_\_\_\_\_

By signing the below you confirm that the above information is, to the best of your knowledge, correct.

Print name: \_\_\_\_\_

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

Thank you for helping us to reopen our museum and to keep everyone, visitors and staff alike, safe. We look forward to scheduling your visit soon!

Marion Natural History Museum

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P.O. Box 644, Marion, MA 02738 | 508-748-2098 | [www.marionmuseum.org](http://www.marionmuseum.org)