ALBANY MED Health System
GLENS FALLS HOSPITAL
Amanda's House

Health Questionnaire

To protect all guests, staff, and volunteers at Amanda's House, we ask that you complete the following health questionnaire.

Have you or any member of your party had the following symptoms in the last 5 days?

Fever greater than 100.3 F	☐Yes ☐No
Unexplained shortness of breath	☐Yes ☐No
Cough	☐Yes ☐No
Chills	☐Yes ☐No
Muscle Pain	☐Yes ☐No
Headache	☐Yes ☐No
Sore throat	☐Yes ☐No
Do you have nausea, diarrhea, or vomiting that is not the result of a clinical treatment?	☐Yes ☐No

Anyone having any of the above unfortunately will not be able to stay at Amanda's House at this time.

Glens Falls Hospital cares about your safety as well as the safety of our staff and others. Please wash your hands frequently for the protection of all our staff and guests. Please wear your face mask when entering the hospital and anywhere required at individual establishments.

I hereby state that the above information is true to the best of my knowledge. I have reviewed and understand Amanda's House guidelines.

Signature of Guest: _____ Date: _____

Signature of Additional Guest: _____ Date: _____

Signature of Additional Guest: _____ Date: _____

Signature of Staff: _____ Date: _____

Thank you for your cooperation.