



375 Beale Pre-Screening Health Form

The Bay Area Metro Center prioritizes the health and safety of all individuals entering the building. Before entering the property, please read the Health Screening Questionnaire below. To ensure a healthy workplace, all visitors must select the "I Agree" button below if you agree to all of the following statements.

In the past 14 days, I have not received a positive test result for COVID-19 or been diagnosed with COVID-19.

- **I am not currently awaiting test results for COVID-19.**
- **I am not experiencing any of the following COVID-19 symptoms, which include, but are not limited to:**
 - **Fever greater than 100° Fahrenheit or 38° Celsius**
 - **Cough**
 - **Shortness of breath or difficulty breathing**
 - **Chills**
 - **Repeated shaking with chills**
 - **Muscle pain or body aches**
 - **Headache**
 - **Sore throat**
 - **New loss of taste or smell**
 - **Congestion or runny nose (not attributed to allergies)**
 - **Nausea or vomiting**
 - **Diarrhea**
 - **Feeling unusually weak or fatigue**
- **I have not been in close contact with someone who in the past 14 days has or had COVID-19**
- **I will wear a well-fitted mask in accordance with federal and state law while inside the building and throughout all common areas i.e., ... (meeting spaces, restrooms, elevators, common area hallways and lobby).**

I Agree

I Do Not Agree