

# CARR WORKPLACES

## COVID-19 SAFETY FORM

*Please fill out the following so we may take the necessary safety precautions during the COVID-19 pandemic.*

Which Center(s) did you recently visit \_\_\_\_\_

What date were you last at the center? \_\_\_\_\_

Please describe all the areas at the center you visited during your time in the center:

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Additional Notes:

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