



THE WILLIAMSTOWN + ATLANTA
ART CONSERVATION CENTER

227 SOUTH STREET | WILLIAMSTOWN, MA 01267 | P. 413.458.5741 F. 413.458.2314 E. WACC@WILLIAMSTOWNART.ORG

COVID-19 QUESTIONNAIRE

1. Have you come into close contact (within 6 feet) with someone who has a laboratory confirmed COVID – 19 diagnosis in the past 14 days?
2. Have you travelled to a different state or country in the past two weeks, if so, please list which states and the reason for travel. Did you come into direct contact with other people during this visit?
3. Are you presently sick? If not, ignore questions 4-6
4. Do you have any of the following: fever or chills, cough, shortness of breath or difficulty breathing, body aches, headache, new loss of taste or smell, sore throat?
5. How long have you had your symptoms?
6. Have you contacted your PCP?
7. Please acknowledge you have read the required documentation, fill this form out, and send to thaskins@williamstownart.org