

ADD YOUR COMPANY LOGO IN HEADER

Feel free to edit this form as needed for your use.

NASSAU COUNTY SHORT-TERM VACATION RENTAL PLAN

Guest Screening Questionnaire

1. Have you or anyone in your party been on a cruise in the last 14 days?

No

Yes, and I acknowledge that because I or my guest(s) have been on a cruise in the last 14 days, I/we/they must self-quarantine for 14 days.

2. Have you or anyone in your party been outside the continental United States within the last 14 days?

No

Yes - Please provide the name(s) of any guest(s) that have been outside the continental United States in the last 14 days which will be provided to the Nassau County Health Department.

Guest Names:

3. Are you or anyone in your party from the states of New York, New Jersey, Connecticut or Louisiana?

No

Yes, and I acknowledge that because I or my guest(s) are from the states of NY, NJ, CT or LA, I/we/they must, by state and local executive order, self-quarantine for 14 days. Please provide the name(s) of any guest(s) in your party that are from the states of New York, New Jersey, Connecticut or Louisiana, which will be provided to the Nassau County Health Department.

Guest Names: