

# COVID-19 Dine-In Guest Agreement

By signing this form and entering Sushihana Contemporary Japanese Restaurant, I affirm or declare that **within the past 14 days** I have **not**

- tested positive for COVID-19,
- been within six-feet of anyone that I know has tested positive for COVID-19, nor
- worked in a facility or location in which individuals were known to have COVID-19.

Moreover, my signature also declares that from among the symptoms listed below I am not experiencing any that have not been attributed by a licensed medical professional to some other chronic medical condition for which I have been diagnosed:

- persistent coughing
- severe headache
- chills
- shaking with chills
- loss of sense of taste or smell
- diarrhea
- muscle pain that is not attributable to an activity or injury
- sore throat
- vomiting

Finally, by signing this form I also agree that if I am diagnosed with COVID-19 within the next 14 days, I will notify Sushihana immediately.

Guest Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guest  
Signature: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

This document will be held on file for 14 days and will be shredded after that time. Neither the guest name nor the contact telephone number will be permanently stored by the restaurant or any of its employees.

**For the health and safety of all our guests and Team Sushihana, only guests who are able to make the above declarations and sign this form will be seated in the dining room or patio. We are happy to offer other guests curbside carryout.**