

COVID-19 SCREENING QUESTIONNAIRE

1. Have you traveled to China, Iran, South Korea, Italy, or Japan in the last 14 days?
2. Have you had contact with anyone with confirmed Covid-19 in the last 14 days?
3. Have you had any of these symptoms in the last 14 days?
 - ☐ Shortness of breath that you cannot attribute to another health condition?
 - ☐ Chills that you cannot attribute to another health condition?
 - ☐ Cough that you cannot attribute to another health condition?
 - ☐ Fever that you cannot attribute to another health condition?
 - ☐ Headache that you cannot attribute to another health condition?
 - ☐ Muscle Aches that you cannot attribute to another health condition?
 - ☐ Fatigue that you cannot attribute to another health condition?
 - ☐ Sore throat that you cannot attribute to another health condition?
 - ☐ Diarrhea that you cannot attribute to another health condition?
 - ☐ Nausea that you cannot attribute to another health condition?
 - ☐ Vomiting that you cannot attribute to another health condition?
 - ☐ Loss of smell that you cannot attribute to another health condition?
 - ☐ Loss of taste that you cannot attribute to another health condition?
 - ☐ None
4. Are you currently sick and/or experiencing any of the above _____?