

## **COVID SCREENING QUESTIONS**

**Have you experienced any of the following symptoms in the past 48 hours:**

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

**Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:**

- Anyone who is known to have laboratory-confirmed COVID-19?
- **OR**
- Anyone who has any symptoms consistent with COVID-19?

**Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?**

**Are you currently waiting on the results of a COVID-19 test?**