COVID-19 Questionnaire

If you have a temperature of 100.4 or greater, any of the below symptoms, have traveled to an international area with sustained (ongoing) transmission within the last 14 days, or have been exposed to COVID-19 in the last 10 days, you will not be allowed into the facility.

Date_____

What is your temperature_____

Do you have any of the following symptoms:

- Fever of 100.4 or greater Yes_____ No_____
- Cough Yes_____ No_____
- Sore Throat Yes_____ No_____
- Chills Yes_____ No_____
- Loss of Taste or Smell Yes_____ No_____
- Diarrhea Yes_____ No_____
- Shortness of Breath Yes_____ No_____

Have you had contact in the last 14 days with someone who:

- Has a confirmed diagnosis of COVID-19 Yes____ No_____
- Is under investigation for COVID-19 Yes____ No_____
- Is ill with a respiratory illness; or Yes___ No_____
- Has a positive COVID-19 test result from a test performed in the last 10 days Yes____ No___

Have you traveled to an international area in the last 14 days Yes____ No____

Have you been in another health care facility in the last 10 days Yes____ No_____

If yes to above question, what facility or facilities have you been in_____

Print name_____ Signature_____

Contact Number_____

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