

Do you have a fever greater than 100F / 37.8C?

Yes

No

Do you have a severe cough that started or has gotten worse in the last 48 hours?

Yes

No

Do you have shortness of breath that started in the last 48 hours?

Yes

No

Do you have muscle aches that started or has gotten worse in the last 48 hours?

Yes

No

In the last 48 hours have you felt significantly more tired than usual?

Yes

No

Do you have a runny nose or nasal congestion that started or has gotten worse in the last 48 hours?

Yes

No

Do you have a sore throat that started or has gotten worse in the last 48 hours?

Yes

No

Do you have nausea or diarrhea that started or has gotten worse in the last 48 hours?

Yes

No

In the last 48 hours, have you had new loss of taste or smell?

Yes

No

In the last 48 hours, have you had chills that are new or are getting worse?

Yes

No

In the past 14 days, have you been exposed to someone with known or suspected COVID-19? Symptoms of COVID 19 include fevers, chills, shortness of breath, muscle aches, fatigue, runny nose, nasal congestion, sore throat, nausea, diarrhea, and loss of taste or smell.

Yes

No

Are you currently working outside the home?

Yes

No

Print _____ Sign _____ Date _____