



# COVID-19 QUESTIONNAIRE

| DOB:

## 2020 Flu Questionnaire

In the past week have you had any of the following symptoms?	
Fever	
Body Aches	
Runny Nose	
Sore Throat	
Nausea	
Vomiting or Diarrhea	
Headache	
Currently experiencing dental pain	
A STAFF MEMBER WILL REVIEW THIS INFORMATION AND MAY CHECK YOUR TEMPERATURE	