Name:_____ Date of Birth: _____ Telephone: _____ Address: _____

COVID-19 SCREENING

	Yes	No
1. Do you have cold/flu-like symptoms, fever, cough, or shortness of breath?		
2. Have you had contact with someone confirmed to have COVID-19?		
3. Have you had contact with someone hospitalized for respiratory illness?		
4. Are you 65+ years old?		
5. Have you traveled outside of Monroe County Florida in the last 14 days?		
6. Do you have one or more of the following chronic conditions?		

Please mark conditions you have:

- ☐ blood disorder (sickle cell disease, taking blood thinners)
- ☐ chronic kidney disease
- ☐ chronic liver disease (cirrhosis, chronic hepatitis)
- ☐ compromised immune system (on chemotherapy or radiation, received organ or bone marrow transplant, taking high dose corticosteroids, immunosuppressants, have HIV/AIDS
- ☐ current/recently pregnant
- ☐ endocrine disorder (diabetes mellitus)
- ☐ metabolic disorder (inherited or mitochondrial disorder)
- ☐ heart disease (congenital heart disease, congestive heart failure, coronary heart disease)
- ☐ lung disease (asthma, COPD, chronic bronchitis, emphysema, require home oxygen)
- ☐ neurological condition (seizures, stroke, cerebral palsy, muscular dystrophy, spinal cord injury)

Method of travel: ☐cruise ship ☐airplane ☐bus ☐train/subway ☐other: _____

Dates: _____ to _____ **Locations:** _____
(departure) (return)

Keys AHEC
Health Centers

Call 305 743 7111 ext 210 with any Questions.