

# Pre-Inspection Owner/Occupant Screening Questions

Please answer the following:

1. Have you traveled to any of these locations in the last 30 days?

<ul style="list-style-type: none"><li>● China</li><li>● Iran</li><li>● South Korea</li></ul>	<ul style="list-style-type: none"><li>● Italy</li><li>● Japan</li></ul>
--	---

2. Have you had contact with anyone with confirmed COVID-19 in the last 14 days?

3. Have you had any of these symptoms in the last 14 days?

- Fever greater than 100
- Difficulty breathing
- Cough

4. Have you had any contact with anyone exhibiting the symptoms above in the last 14 days?

5. Are you currently experiencing fever over 100, difficulty breathing or cough?

If you answered yes to any of these questions, please call your primary care provider or your State Department of Health for further direction.

NC State Department of Health (800) 662-7030

For more Information on COVID-19 in NC and Updates,  
Dial 2-1-1 or (888) 892-1162 or Text COVIDNC to 898211