

COVID-19 Questions

1. Do you have a cough, fever, shortness of breath, loss of taste/smell, nausea or diarrhea?

Yes

No

2. In the last 14 days have you had contact with someone known or suspected positive for COVID-19?

Yes

No

3. In the last 14 days have you traveled outside the US or to an area of high risk?

Yes

No

4. Is your temperature above 100 Fahrenheit?

Yes

No