COVID-19 Screening Questions

1. Do you have any of these symptoms that are not caused by another condition?
   - Fever or chills
   - Cough
   - Fatigue
   - Muscle or body aches
   - Congestion
   - Shortness of breath or difficulty breathing
   - Headache
   - Recent loss of taste or smell
   - Sore throat
   - Nausea or vomiting
   - Diarrhea

2. Have you been in close contact with anyone with COVID-19 in the past 14 days?
   Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person; or having direct contact with fluids from a person with COVID-19 with or without wearing a mask (i.e., being coughed or sneezed on).

3. Have you had a positive COVID-19 test for active virus in the past 10 days or are you awaiting results of a COVID-19 test?

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?