



COVID-19 Questionnaire and Symptom Check

In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19?	Yes	No
Traveled via airplane internationally or domestically?	Yes	No
Traveled from a "hot spot" location? (New York, New Jersey, Florida, California, Michigan, Pennsylvania, Massachusetts, Illinois)	Yes	No

Have you had any of the following symptoms in the last 48 hours?

A fever over 100 degrees, with a cough, and/or shortness of breath?	Yes	No
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Have you had any of the following symptoms in the last 24 hours?

Fever with sore throat, diarrhea, vomiting, or loss of smell or taste?	Yes	No
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