

1 Do you have any of the following symptoms?

SYMPTOMS

☐

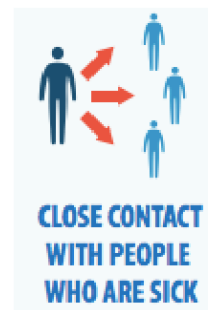
FEVER

☐

COUGH

☐SHORTNESS
OF BREATH

2 Have you had direct, close contact with a person confirmed to have Coronavirus or COVID-19?

CLOSE CONTACT
WITH PEOPLE
WHO ARE SICK

3 Have you traveled to an area with a high number of people with COVID-19 (such as Europe, Seattle, NY, or California) in the last 14 days?



If yes to any question on this form, provide the patient with a mask and direct them to an isolation room or the designated sick area if no rooms are available.