

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?



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.*