

AT-HOME COVID-19 SYMPTOM SCREENING



If you or someone in your family are experiencing any of the following symptoms, avoid public settings and contact your healthcare provider.

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HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?

- **COUGH**
- **SHORTNESS OF BREATH**
- **DIFFICULTY BREATHING**
- **SORE THROAT**

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HAVE YOU EXPERIENCED ANY OF THE FOLLOWING WITHIN THE PAST 48 HOURS?

- **FEVER**
- **CHILLS**
- **MUSCLE ACHES/PAINS**

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DO YOU HAVE A NEW LOSS OF TASTE OR SMELL?

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DO YOU HAVE A NEWLY-ONSET HEADACHE?

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- **ARE YOU EXPERIENCING:**
- **NAUSEA**
- **VOMITING**
- **DIARRHEA**