



# COVID-19 Screening Questionnaire

- Do you have a fever (temperature over 100 F) without having taken any fever reducing medications?
- Do you have a loss of smell or taste?
- Do you have a cough?
- Do you have muscle aches?
- Do you have a sore throat?
- Do you have congestion or a runny nose?
- Do you have shortness of breath?
- Do you have chills?
- Do you have a headache?
- Have you experienced any new gastrointestinal symptoms such as nausea, vomiting, diarrhea, or loss of appetite in the last few days?
- Have you, or anyone you have been in close contact with, been diagnosed with COVID-19 or placed in quarantine for possible exposure to COVID-19 within the last two weeks?
- Have you been asked to self-isolate or quarantine by a medical professional or a local health official in the last two weeks?

**#StopTheSpread**