

COVID-19 Questionnaire

Please answer the following

1. Have you traveled in or outside of the United States in the last 14 days?

Yes No

2. Have you had contact with anyone with confirmed COVID-19 in the last 14 days?

Yes No

3. Have you had any of these symptoms in the last 14 days?

- Fever greater than 100
- Difficulty breathing
- Cough

4. Are you currently experiencing fever over 100, difficulty breathing or cough?

Yes No

Sign

Date