

SCREENING QUESTIONS

Hello, as part of the COVID-19 screening process, we would like to ask the following questions:

1. Do you have any respiratory symptoms such as cough, difficulty breathing/shortness of breath or respiratory infection such as pneumonia or flu? Yes No
2. Have you had or been in close contact (within 6 feet) with someone who has a laboratory confirmed COVID-19 diagnosis in the past 14 days? Yes No
3. Have you had two of the following symptoms in the past 14 days:
 - Fever (greater than 100)
 - Repeated shaking with chills
 - Headache
 - New loss of sense of smell or taste
 - Diarrhea
 - Muscle Pain
 - Sore Throat
 - Vomiting
4. Have you, anyone in your household or visitors to your household, traveled either outside of the United States and/or to California, Connecticut, Illinois, Louisiana, Massachusetts, Michigan, New York, New Jersey, Pennsylvania, and Washington, Dade County (Miami), Broward County (Ft. Lauderdale) or Palm Beach County (West Palm Beach) in the last 14 days?
Yes No
5. Is there anyone in your home over 60 years old, immune compromised or otherwise at risk for infection?
Yes No
6. Are you a first responder, healthcare worker, or employee or attendee of a child or adult care facility?
Yes No