



COVID-19 Screening Questionnaire

COVID-19 symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus.

Please check the box if you are experiencing any of the following symptoms:

Cough, shortness of breath or difficulty breathing

Fever or chills

Muscle or body aches

Vomiting or diarrhea

New loss of taste or smell

None of the above

Seek medical care immediately if you have emergency warning signs of COVID-19: trouble breathing, persistent pain or pressure in chest, new confusion, inability to wake or stay awake and/or bluish lips or face.

Name (Print): _____

Signature: _____

Date: _____