



### COVID-19 SCREENING QUESTIONS

- I) Has the individual entering the clinic experienced any of the following symptoms of COVID-19 in the past 48-hours?
- FEVER OR CHILLS
  - COUGH
  - SHORTNESS OF BREATH OR DIFFICULTY BREATHING
  - FATIGUE
  - MUSCLE OR BODY ACHES
  - HEADACHE
  - NEW LOSS OF TASTE OR SMELL
  - SORE THROAT
  - CONGESTION OR RUNNY NOSE
  - NAUSEA OR VOMITING
  - DIARRHEA
- II) Has the individual entering the clinic been in close physical contact with a person known to have a **suspected or confirmed** case of COVID-19?
- III) Is an individual within your household currently quarantined because of possible exposure to a person with COVID-19 **or** because they are worried they may be sick with COVID-19?
- IV) Is anyone in your household currently awaiting the results of a COVID-19 test?

*Close physical contact = within 6 feet or closer for a minimum of 15 minutes*