Name _____ Date _____

Please respond to each question

No_____Yes_____ 1) Have you been diagnosed with COVID-19 and are not fully recovered?

No_____Yes_____ 2) Are you awaiting results from a COVID-19 test that was administered due to symptoms or at the direction of a doctor/medical professional?

No_____Yes_____ 3) In the past 14 days, have you had any of the following symptoms:

- Fever
- Chills or repeated shaking with chills
- Coughing
- Sore throat
- Shortness of breath or difficulty breathing
- -Pain or pressure in your chest
- - New loss of taste or smell
- -Diarrhea
- Muscle pain

No_____Yes_____ 4) In the past 14 days, have you been in close contact (within 6 feet for more than 15 minutes) of any person who has either:

- Been diagnosed with COVID-19
- Shown any of the symptoms above?

No_____Yes_____ 5) In the past 14 days have you travelled internationally?

No_____Yes_____ 6) In the past 14 days have you been in any gathering of 50 or more people indoors, 250 people or more outdoors?

No_____Yes_____ 7) In the past 14 days have you been told by any health care provider or Department of Health to self-quarantine or self-isolate due to actual or suspected exposure to COVID-19