

COVID-19 SCREENING QUESTIONS

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Screening Questions Last Name: _____ Date: _____
Do you currently have: Cough Fever Shortness of Breath Temp: _____
In the last month, have you had CLOSE CONTACT (in the same room) with anyone with the Coronavirus? Yes No
In the last month, have you traveled outside the country? Yes No Outside this state? Yes No

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8.5" x 11" sheet
with 1.85" perforated slips
50 sheets/pack

DATE: _____
FEVER?
COUGH?
SHORTNESS OF BREATH?
ANY CONTACT, CONFIRMED OR
SUSPECTED, WITH SOMEONE
WITH COVID-19?
TRAVELED TO A FOREIGN
COUNTRY IN THE LAST 14 DAYS?
TEMP: _____

4.25" x 5.5" sheet
in pads of 50

Expires: 4/24/20