COVID-19 SCREENING QUESTIONS

	Date:
ening Questions you currently have: he last month, have you he last month, have you	Last Name:
	Date:
reening Questions by you currently have: the last month, have y the last month, have	Last Name:
	Date:
Screening Questions Do you currently have In the last month, have In the last month, have	Last Name:
	Date:
Screening Question Do you currently hav In the last month, ha	ye: □ Cough □ Fever □ shows and the connexity? □ Yes □ No very our had CLOSE CONTACT (in the same room) with anyone with the Coronavirus? □ Yes □ No outside this state? □ Yes □ No
	ave you traveled output
Screening Questic Do you currently h In the last month, In the last month,	ns Last Name:
	Date:
Screening Quest Do you currently In the last month	Last Name: r have: Cough Fever Shortness of Breath Temp: r, have you had CLOSE CONTACT (in the same room) with anyone with the Coronavirus? Yes h, have you traveled outside the country? Yes No Outside this state? Yes

Order your FREE slips or pads at poscorp.com/COVID19

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

D,	ATE:	
FE	VER?	_
COL	JGH?	
SHOF	RTNESS OF BREATH?	
ANY C SUSPE	ONTACT, CONFIRMED OR CTED, WITH SOMEONE OVID-19?	
TRAVEL	ED TO A FOREIGN Y IN THE LAST 14 DAYS?	
TEMP:	- A A A A A A A A A A A A A A A A A A A	
	4.25" x 5.5" sheet in pads of 50	

Expires: 4/24/20

