



## COVID 19 SCREENING QUESTIONS

Have you been tested for Covid 19 and are you awaiting results? \_\_\_\_\_

Have you traveled outside of the United States by air or cruise ship in past 14 days? \_\_\_\_\_

Have you traveled within the United States by air, bus, or train within the past 14 days? \_\_\_\_\_

Do you have a fever or abnormal temperature? \_\_\_\_\_

Have you experienced shortness of breath or had trouble breathing? \_\_\_\_\_

Do you have a dry cough? \_\_\_\_\_

Do you have a runny nose? \_\_\_\_\_

Have you experienced loss of taste and smell? \_\_\_\_\_

Do you have a sore throat? \_\_\_\_\_

Have you been in contact with someone who has tested positive for Covid 19? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)