

# COVID-10 Health Screening Questionnaire

*Patrons should remain at home if any response is "YES".*

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- **Since your last visit, have you experienced any of the following symptoms?**

- Feeling feverish and/or having chills –documented temperature of 100.4°F or higher
- Use of fever reducing medication within the last 24 hours
- A new cough that is not due to another health condition
- Nasal congestion or runny nose
- New shortness of breath or difficulty breathing that is not due to another health condition
- New chills that are not due to another health condition
- A new sore throat that is not due to another health condition
- New muscle aches that are not due to another health condition, or that may have been caused by a specific activity (such as physical exercise)
- Fatigue (more tired than usual)
- Headache
- A new loss of taste or smell
- Abdominal pain, diarrhea, nausea or vomiting
- New onset of poor appetite or poor feeding

- **Have you had a positive test for the virus that causes COVID-19 disease within the past 10 days?**

- **Were you recently tested for COVID-19 because you were sick and are still waiting for the lab results?**

- **In the past 14 days, have you had close contact (within about 6 feet for 15 minutes or more) with someone with suspected or confirmed COVID-19?**

*Persons who have been fully vaccinated and are identified as a close contact to a COVID-19 case do NOT need to quarantine if they meet the following criteria:*

✓ *Fully vaccinated*

✓ *Less than 14 days since last dose*

✓ *Asymptomatic*