

COVID19 Health Prescreener

1. Are you experiencing ANY of the following emergency symptoms: severe shortness of breath and difficulty breathing, persistent chest pain or pressure, new confusion, bluish lips or face, loss of consciousness, slurred speech, and/or severe, constant dizziness or lightheadedness?

2. Are you experiencing any of the following symptoms? Please select all that apply.

- Fever, chills or sweating**
- New or worsening cough**
- Fatigue**
- Body aches**
- Diarrhea**
- Reduced sense of smell and/or taste**
- Mild to moderate difficulty breathing**
- Sore throat**
- Runny nose**
- None of the above**

3. Have you been told by a health official that you may have been exposed to COVID-19 (coronavirus)?

4. Have you been around someone who is known to have COVID-19 (coronavirus)?

5. Have you been tested before for COVID-19?

- Yes, results negative**
- Yes, results positive**
- No**

6. In the last 14 days, have you been in an area of high-risk for COVID-19 (coronavirus)?

7. In the last 14 days, have you traveled internationally?

8. In the last 14 days, have you been around someone who recently traveled to a high-risk area and is also sick?

9. Over the last 14 days, have you and the people you live with been practicing social distancing of 6 feet or more?
