

COVID-19 QUESTIONNAIRE

Please answer below questions regarding COVID-19

1. Have you traveled anywhere recently that are locations of disease outbreak? **YES** **NO**
2. Have you been in contact with anyone who was sick? **YES** **NO**
3. Have you attended any large group functions? **YES** **NO**
4. Have you had any of the following symptoms within the last two weeks: fever, fatigue, dry cough, altered taste, altered smell, trouble breathing, productive cough (mucous in cough), or muscle pain? **YES** **NO**
5. Have you previously had the SARS-COV-2 virus (novel coronavirus)? **YES** **NO**
 - a. If so, did you test positive and what test were you administered? _____
6. Are you over the age of 65 and/or have preexisting health conditions related to the following:

(Circle all that apply)

 - Over age 65
 - Chronic lung disease or asthma
 - Serious heart condition
 - Immunocompromised
 - Chronic kidney or liver disease
 - Diabetes

We thank you for your cooperation and will contact you if we need further information.

Print Name

Signature