

# COVID-19 SCREENING QUESTIONNAIRE

We take the responsibility of keeping our employees and customers safe very seriously. We are asking our employees and guests to provide information regarding any symptoms of, or exposure to COVID-19, with this simple screening questionnaire.

Do you have any of the following symptoms? (check all that apply)

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt feverish or had a temperature that is elevated for you/100.4F or greater?

- Yes
- No

Are you living with, or caring for someone who has symptoms of COVID-19?

- Yes
- No

Are you living with, or caring for someone who has tested positive for COVID-19 within the last 14 days?

- Yes
- No

If you are experiencing symptoms or answer **YES** to any of the questions above, please return home and contact your doctor for direction. If you are an employee, please notify your supervisor.

Thank you for helping us keep everyone in our environment safe and healthy.