

CORONAVIRUS

Are you at risk?

Please complete the questionnaire with Yes or No answers below.

- 1.) **Have you traveled in the past 21 days, in or outside of the US? If so please list locations.**

- 2.) **Have you come into close contact (within 6 feet) of someone who has a laboratory confirmed COVID-19 diagnosis?**

- 3.) **Do you have a fever (greater than 100.4 F or 38.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing?**

Signature:

Date:

For more information please visit the CDC website or call your Primary Healthcare Provider. Thank you.