

## COVID-19 Pre-Screen

1. Are you experiencing ANY of the following emergency symptoms: severe shortness of breath and difficulty breath, persistent chest pain or pressure, new confusion or inability to arouse, bluish lips or face, loss of consciousness, slurred speech, and/or severe, constant dizziness or lightheadedness?
  - a. Yes
  - b. No
  
2. Are you experiencing any of the following symptoms? Please select all that apply.
  - a. Fever, chills, sweating
  - b. New or worsening cough
  - c. Fatigue
  - d. Body aches
  - e. Diarrhea
  - f. Reduced sense of smell/taste
  - g. Mild to moderate difficulty breathing
  - h. Sore throat
  - i. Runny nose
  - j. None of the above
  
3. Have you been told by a health official that you may have been exposed to COVID-19 (coronavirus)?
  - a. Yes
  - b. No
  
4. Have you been around someone who is known to have COVID-19 (coronavirus)?
  - a. Yes
  - b. No
  
5. Have you been tested before for COVID-19?
  - a. Yes, results negative
  - b. Yes, results positive
  - c. No
  
6. In the last 14 days, have you been in an area of high-risk for COVID-19 (coronavirus)?
  - a. Yes
  - b. No
  - c. I don't know
  
7. In the last 14 days, have you traveled internationally?
  - a. Yes
  - b. No