

Questions to ask

1. Have you had any prolonged close contact (within 6 feet) with anyone that could be infectious?

No ___ Yes ___ Comment _____

2. Have you been ill, or do you feel in anyway under the weather now?

No ___ Yes ___ Comment _____

3. Have you been advised to isolate at any point since mid-March?

No ___ Yes ___ Comment _____

4. Do you feel like you pose no risk to anyone else here or anyone they might be in contact with at home?

No ___ Yes ___ Comment _____

Please complete and turn in at check in

Name_____ Unit_____ Date_____ Event_____

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Have you been ill, or do you fell in anyway under the weather now?

No___ Yes___ Comment_____

Have you been advised to isolate at any point since mid-March?

No___ Yes___ Comment_____

Do you feel like you pose no risk to anyone else here or anyone they might be in contact with at home?

No___ Yes___ Comment_____

COVID-19 Symptoms: Do you have any of the symptoms listed below?

- | | |
|--|--|
| ___ Cough | ___ Shortness of breath or difficulty breathing |
| ___ Chills | ___ Repeated shaking with chills |
| ___ Muscle Pain | ___ Headache |
| ___ Sore throat | ___ Loss of taste or smell |
| ___ Diarrhea | ___ Feeling feverish or having a temperature of 100 degrees or more. |
| ___ Known close contact with a person who is lab-confirmed to have COVID-19. | |