

COVID CHECK

ARE YOU EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS ?

- ☒ COUGH ☒ FEVER ☒ DIFFICULTY IN BREATHING
☒ LOSS OF TASTE / SMELL ☒ NONE OF THE ABOVE

HAVE YOU EVER HAD ANY OF THE FOLLOWING ?

- ☒ DIABETES ☒ HYPERTENSION ☒ LUNG DISEASE
☒ HEART DISEASE ☒ NONE OF THE ABOVE

WHICH OF THE FOLLOWING APPLY TO YOU ?

- ☒ I HAVE RECENTLY INTERACTED OR LIVED WITH SOMEONE WHO HAS TESTED POSITIVE FOR COVID - 19
☒ I AM A HEALTHCARE WORKER AND I EXAMINED A COVID - 19 CONFIRMED CASE WITHOUT PROTECTIVE GEAR
☒ NONE OF THE ABOVE

YOUR INFECTION RISK IS LOW. WE RECOMMEND THAT YOU STAY AT HOME TO AVOID ANY CHANCE OF EXPOSURE TO THE NOVEL CORONAVIRUS

SUBMIT

SELF - DECLARE