

# 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

ARE YOU SURE ?

YES

NO

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

# ROUGH LAYOUT - POP UP WINDOW

HEADING : SELF-DECLARE

**SELFDECLARE.DOC FILE**

**OK**

**COVID HELPLINE**