**1. Have you come into close contact (within 6 feet) with someone who has a laboratory confirmed COVID – 19 diagnosis in the past 14 days?**

**Yes/No**

**2. Do you have any of the following:  fever or chills, cough, headache, new loss of taste or smell, sore throat?**

**Yes/No**

**3.Do you have any travel history?**

**Yes/No**

**4. Do you have any of these: shortness of breath or difficulty breathing, body aches?**

**Yes/No**

**5. Do you have any major health issue?**

**Yes/No**

**6. Did you violate quarantine?**

**Yes/No**

**7. Do you have viral fever?**

**Yes/No**

