



Date:
15/12/2020, Tuesday
AM

Do you have any COVID-19
symptoms that you recently
acquired?

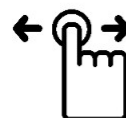


☐ No ☐ Yes

Do you have anyone in the same
household having fever, and/or
showing the above stated
symptoms?

☐ No ☐ Yes

My temperature reading is



SUBMIT