

Terminal Entrance Evaluation Questionnaire for COVID-19

In the past 24 hours, have you experienced:

Fever:

Yes _____ No _____

Aches:

Yes _____ No _____

Headaches:

Yes _____ No _____

Fatigue:

Yes _____ No _____

Runny or Stuffy Nose:

Yes _____ No _____

Shortness of Breath:

Yes _____ No _____

Cough:

Yes _____ No _____

Sore Throat:

Yes _____ No _____

Sneezing:

Yes _____ No _____

Diarrhea:

Yes _____ No _____

Have you recently been in close contact with anyone who has exhibited any of the above symptoms?

Yes _____ No _____

Have you recently been in contact with anyone who has tested positive for COVID-19?

Yes _____ No _____

Have you recently traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department? Including: China, Italy, Iran, and most countries in Europe.

Yes _____ No _____