|  |  |  |
| --- | --- | --- |
| 1. Do you have a fever?
 | [ ]  NO | [ ]  YES |
| If temperature is taken, is the temperature ≥38 0C (100.4 0F)? | [ ]  NO | [ ]  YES |
|  |  |  |
| 1. Do you have one or more of the following respiratory symptoms?
 |  |  |
| 1. Cough
 | [ ]  NO | [ ]  YES |
| 1. Shortness of breath or difficulty in breathing
 | [ ]  NO | [ ]  YES |
|  |  |  |
| 1. In the last 14 days, have you had any flu-like symptoms?
 | [ ]  NO | [ ]  YES |
|  |  |  |
| 1. In the last 14 days, have you returned from international travel or cruise ship travel?
 | [ ]  NO | [ ]  YES |
|  |  |  |
| 1. In the last 14 days, have you been in a town, city, healthcare facility or other large gathering where COVID-19 outbreak is widespread?
 | [ ]  NO | [ ]  YES |
|  |  |  |
| 1. Do you live with a family member that has a high risk of COVID exposure due to nature of their work (i.e. health professional or emergency responder in area of widespread outbreak?
 | [ ]  NO | [ ]  YES |
|  |  |  |
| 1. In the last 14 days have you had close contact\* with a person who has been diagnosed with the coronavirus/COVID-19?
 | [ ]  NO | [ ]  YES |

*\*Close contact means having cared for, having lived with, or having had close physical contact with someone known to have been diagnosed with the coronavirus/COVID-19 (including contact by having taken the same plane or train, attended the same event, etc.).*

**Any question answered with a “YES” will require additional review and approval before access to the facility is granted.**