

COVID 19 HEALTH SCREENING QUESTIONNAIRE

1. Within the last 14-days, have you experienced a new cough, shortness of breath, sore throat or new muscle aches that you cannot attribute to another health condition, or a specific activity such as physical exercise?
2. Within the last 14-days, have you had a temperature at or above 100.4° or the sense of having a fever?
3. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19? (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes)

If you answered YES to any of the questions above, please stay home and rest and watch the service remotely. Check with your health care provider if symptoms persist.

If you answered NO to all of the questions above, please continue with the registration process.

7/25/2020