

COVID-19 Patient Screening Questions

- Have you had any of the symptoms of COVID-19 that may include:
 - Fever
 - Headache
 - Cough
 - Shortness of breath
 - Headache
 - Muscle ache
 - Chills or shaking with chills
 - Loss of smell or taste
- Have you been around any individual who has had these symptoms or tested positive for COVID-19? If so, how long has it been since you have been in contact with them?
- Have you had the COVID-19 virus? If so, when?