



# Wellness Questionnaire

## COVID-19 Screening Checklist

**01** Do you have a fever?  Yes  No

**02** Do you have a new cough?  Yes  No

**03** Do you have shortness of breath?  Yes  No

**04** Are you experiencing chills?  Yes  No

**05** Do you have congestion, or a runny nose not caused by allergies?  Yes  No

**06** Have you had close, unprotected contact with a suspected or known COVID-19 patient (spent longer than 15 minutes with 6 feet of someone who was sick with a fever and cough)?

Yes -- Go home immediately and self isolate for 14-days as if asymptomatic

No