

Coronavirus Screening Questions

1. Have you traveled to any of these locations in the last 30 days?

- China
- Iran
- South Korea
- Europe
- Japan
- UK

2. Have you been in contact with someone who has traveled to these countries and is now sick?

3. Have you recently traveled to an area with known local spread of COVID-19?

4. Have you had contact with anyone with confirmed COVID-19 in the last 14 days?

5. Have you had any of these symptoms in the last 14 days?

- Fever greater than 100
- Difficulty breathing
- Cough
- Sore throat
- Runny nose

6. Are you currently experiencing fever over 100, difficulty breathing or cough?

7. Are you a first responder, healthcare worker, or employee or attendee of a child or adult care facility?