

COVID-19 (Novel Coronavirus) Pre-Screening Questionnaire

The only way to confirm if you have COVID-19 is to get tested with a kit, and those are in short supply. However, we can work together to help minimize the risks of further spreading COVID-19 (novel coronavirus). Please fill out this questionnaire to help us understand how we can prepare to serve you.

Pre-Screening Questions:

1. Have you recently traveled to an area of high-risk for COVID-19?
 Yes No
2. Have you been around someone who recently traveled to a high-risk area and is also sick?
 Yes No
3. Have you been around someone who is known to have the Coronavirus (COVID-19)?
 Yes No
4. Have you been told by a health official that you may have been exposed to the virus?
 Yes No
5. Have you had a fever recently? Or do you think you have a fever?
 Yes No
6. Do you have a cough?
 Yes No
7. Do you have any of these?
 - Fatigue
 - Body aches Yes No
8. Are you feeling mild to moderate shortness of breath or mild to moderate difficulty breathing?
 Yes No

9. Are you experiencing symptoms that feel like a life-threatening medical emergency?

For example:

- Severe shortness of breath and difficulty breathing
- Crushing chest pain
- Loss of consciousness
- Slurred speech

Yes No

10. COVID-19 can affect the elderly or the very young more seriously than others.

How old are you?

Age: _____

11. Do you have any of the following? Please select all that apply.

- High blood pressure
- Diabetes
- Heart disease
- Lung disease
- Kidney disease
- Liver disease
- None of the above

12. COVID-19 can affect people who have weaker immune systems from things like chemotherapy, HIV/AIDS, organ transplant, being pregnant, or prolonged steroid use. Do you have a weakened immune system from a known cause?

Yes No