

In the last 14 days, have you:

- 1. Traveled internationally?**
- 2. Been exposed to a person with suspected or confirmed COVID-19 without the correct PPE?**
- 3. Had a temperature at least 100.4°F?**
- 4. Had new or increased shortness of breath or difficulty breathing?**
- 5. Had a new cough?**
- 6. Had at least two of the following symptoms together:**
 - o Chills**
 - o Muscle pain**
 - o Headache**
 - o Sore throat**
 - o New loss of taste or smell**
 - o Diarrhea**
 - o Vomiting**
 - o Runny nose/Congestion**
 - o Fatigue**