

PLEASE REVIEW THE FOLLOWING QUESTIONS:

- 1. Have you had a fever or felt hot/feverish in the past 14-21 days?**
- 2. Have you had shortness of breath or other breathing difficulties?**
- 3. Do you have a cough? Runny nose? Sore throat?**
- 4. Have you experienced a recent loss of taste or smell?**
- 5. Have you had any flu-like symptoms (GI upset/headache/fatigue)?**
- 6. Have you been in contact with any confirmed COVID-19 positive patients?**
- 7. Within the last 14 days, have you traveled to a foreign country or within the US? If so, where?**