Coronavirus Disease (COVID-19) Screening Questionnaire

Name: _____

Date of Birth: _____

Contact Phone Number: _____

Please answer the following questions:	Yes	No	Don't Know
Within the last 14 days, have you:			
Traveled to/from China, Iran, Italy, Japan, South Korea, or ANY are identified in the coronavirus outbreak?	○	○	○
Had close contact (within 6ft/2meters) with a person known or suspected of being ill with the COVID-19?	○	○	○
Are you currently experiencing symptoms, Such as: cough, difficulty breathing or shortness of breath, fever, skin rash, or upset stomach?	○	○	○