

As of 3/23/2020



- 1) Have you traveled *within or outside* USA in past 30 days?
- 2) Have you been *in contact with anyone* who has traveled in or outside the US in past 30 days?
- 3) Have you had any contact with someone tested for **Co-Vid 19**? Or contact with anyone in quarantine?
- 4) Do you have any symptoms of shortness of breath, fever, cough, diarrhea, loss of taste or smell?
- 5) Have you been in contact with anyone or has any family member had any of above symptoms?
- 6) In the last two weeks have you or a family member living with you worked or volunteered in a hospital, emergency room, clinic, medical office, long-term care facility or nursing home, ambulance service, first responder services, or any health care setting or taken care of patients as a student or part of their work?