

Health Check Questionnaire

1. Do you have a temperature above 100.4 degrees?
2. Are you experiencing any of the below symptoms?
 - a. Cough
 - b. Shortness of breath or difficulty breathing
3. Are you experiencing at least two of the below symptoms?
 - a. Fever
 - b. Chills
 - c. Muscle pain
 - d. Headache
 - e. Sore throat
 - f. Loss of taste or smell
4. Have you returned from any state or location that has a mandated self-quarantine in the past two weeks?
5. Have you traveled outside of the country in the past two weeks?
6. Have you been exposed to any person with Coronavirus in the past two weeks?
7. Have you or anyone in your immediate household attended a gathering with more than the state-mandated number of people in the past two weeks?