Illness Screening

The following questions are for the purpose of screening to aid in the protection against the spread of Influenza and the new COVID-19 virus. If you have checked any of the boxes, you may be further assessed by medical staff of this facility. We ask that if you are experiencing any of the following symptoms that you refrain from entering the building or contacting any consumers or staff in person until you are feeling better.

Name: ___________________________  Date: ___________________________

Contact Info (phone): ___________________________

Yes  No

☐  ☐ Have you traveled out of the USA in the past 30 days? If so, where? ___________________________

☐  ☐ Have you had contact or live with someone who has traveled outside of the USA in the past 30 days?

☐  ☐ Have you had close contact with someone who has been confirmed with Influenza or COVID-19?

☐  ☐ Do you have a cough?

☐  ☐ Do you have a fever above 100.4?

☐  ☐ Do you have or have you experienced in the past 30 days mild to severe respiratory illness unrelated to a previous health condition?

☐ Yes  ☐ NO  Further screening will be necessary.