

**COVID-19 ASSESSMENT**

Have you travelled domestically or internationally in the last 14 days? YES NO

Where?

When?

Did you take a plane? YES NO

Did you take a ship? YES NO

Have you been exposed to anyone diagnosed with COVID-19?

When?

How?

Who?

Do you think you may have any kind of a respiratory infection?

Do you have any symptoms such as:

Shortness of breath? YES NO

Runny nose? YES NO

Achy muscles or joints? YES NO

General malaise? YES NO

Cough? YES NO

Itchy/Scratch/ Painful throat? YES NO

Swelling of lymph nodes of throat or neck? YES NO

Postnasal drip? YES NO

Have you been observing social distancing and the stay-at-home order? YES NO

Have you been wearing a mask? YES NO

What is your job?

Are you able to maintain social distancing in your job? YES NO