

Question 1:

Do you have any one of the following principle COVID-19 symptoms not explained by a known medical or physical condition:

- Fever
- Uncontrolled cough
- Shortness of breath
- Difficulty breathing
- Loss of taste or smell
 - **Yes**
 - **No**

Question 2:

Do you have at least two of the following symptoms not explained by a known medical or physical condition:

- Chills
- Rigors
- Muscle aches ("myalgia")
- Sore throat
- Severe headache
- Nausea or vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose
 - **Yes**
 - **No**

Question 3:

- **In the last two weeks, have you had close contact with someone who has been diagnosed with COVID-19 or displays any of the principle symptoms (fever, uncontrolled cough, shortness of breath, loss of taste or smell)?**
 - **Yes**

- No**
- I am a healthcare worker or first responder and I have mitigated risk with appropriate PPE.**

Question 4:

- **Do you have a temperature above 100.4 degrees?**
 - Yes**
 - No**
 - Thermometer not available**