# Patient Screening Tool:

## Are you currently experiencing, or have your experienced in the last 14 days, any of the following symptoms?

### Fever

### Cough

### Shortness of Breath of difficulty breathing

### Sore Throat

### New loss of taste of smell

### Chills

### Heal of muscle aches

### Nausea, diarrhea, vomiting

## In the past 14 days, have you been in close proximity to anyone who is experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?

## In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?

## Have you been tested for COVID-19 and are waiting to receive test results?

## Have you tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider’s assessment or your symptoms?

## In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or has traveled outside of the United States?