

Symptom Screening Prior to Entry

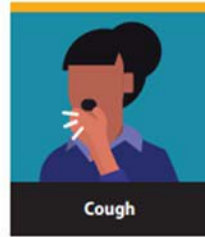
Required by Public Health Agencies 8/5/20



Diarrhea



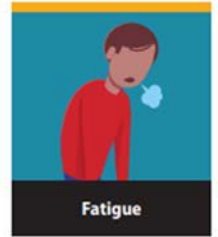
Fever or Chills



Cough



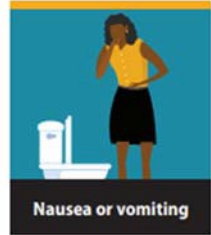
Shortness of breath or difficulty breathing



Fatigue



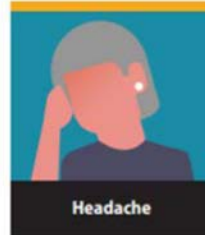
Congestion or runny nose



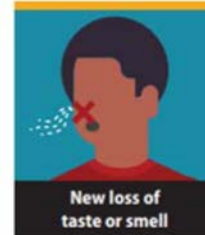
Nausea or vomiting



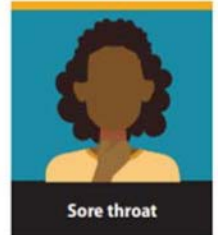
Muscle or body aches




Headache





New loss of taste or smell





Sore throat


1.  **Yes**, I currently am experiencing (or have experienced in the past 14 days) one or more of the symptoms of COVID-19 above, that are new to me, and that I can confirm are not related to any ongoing condition that I have previously or regularly experienced (i.e., seasonal allergies, migraines, sore throat, chronic mild chest congestion associated with common cold, etc.)

 **No**, as of today, and in the past 14 days, I have not experienced any symptom of COVID-19 above.


2.  **Yes**, I am currently taking a medication (prescription or over-the-counter) that that may mask or disguise the symptoms of COVID-19?


 **No**, I am not currently taking any medication (prescription or over-the-counter) that that I am aware may mask or disguise the symptoms of COVID-19?

3.  **Yes**, someone in my household, or someone I have come in close contact with (within 6 feet for 15 minutes or more), is ill or presenting the symptoms of COVID-19 above.

 **No**, nobody in in my household, or that I have come in close contact with (within 6 feet for 15 minutes or more), is ill or presenting the symptoms of COVID-19 above.

 **Wait until at least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications, AND improvement in other symptoms (e.g., cough, shortness of breath), AND at least 10 days have passed since symptoms first appeared.**

 **Yes**, in the last 14 calendar days, I travelled out of the U.S.
Stay home for 14 days from the time you returned home from travel.

 **No**, in the last 14 calendar days, I did not travel out of the U.S.