

Coronavirus Disease (COVID-19) Health Screening

Name: _____

Date: _____

Time In: _____

In the past 24 hours, have you experienced:

New or worsening cough:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath or difficulty breathing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New loss of taste or smell:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fever (100.0°F or higher) or felt feverish: Temperature if taken: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OR TWO (2) or more of the following		
Chills:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle aches:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headaches:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea or vomiting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestion or runny nose:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered “**yes**” to one (1) or more of the first four symptoms above, or “**yes**” to two (2) or more of the last seven symptoms above in light gray, please leave immediately. Self-isolate at home and contact your primary care physician’s office or nearest urgent care facility for direction.

- You should isolate at home for a minimum of 10 days since symptoms first appeared.
- You must also have improvement in symptoms and at least 24 hours since last fever without use of fever-reducing medication.

In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19? Yes No

If you answer “**yes**”, please do not participate. Self-quarantine at home for 14 day since return or exposure.

For questions, visit hd.ingham.org/coronavirus or contact Ingham County Health Department at (517) 887-4517.