Date:_____

Sample Screening Tool

Name: _____

Please let us know if you have had any of the following:

	YES	NO
Fever of 100.4°F within the last 14 days	☐	☐
Cough/Shortness of Breath	☐	☐
Pneumonia/flu - recent	☐	☐
Have you traveled out of the country in the last 14 days to a level 2 or 3 country as determined by the Centers for Disease Control and Prevention. A list of countries can be found at: https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html	☐	☐
Have you had contact with anyone who has lab confirmed Novel Coronavirus within 14 days of symptom onset?	☐	☐

Please do not write below this line. Official Use Only

Temperature:_____

Staff signature: _____