

COVID-19 and Respiratory Illness Screening Questions

1. In the past 2 days, have you had:

- Fever or chills
- New cough, shortness of breath or difficulty breathing
- New sore throat, runny nose or other cold symptoms
- New loss of taste or smell
- New muscle aches

2. Have you tested positive or been exposed to someone with COVID-19, the flu, RSV or other respiratory virus in the last 10 days?