

COVID-19 Screener

By signing this document, I do declare that the following is (to the best of my knowledge) true both for myself and for anyone accompanying me:

- I am not currently diagnosed with COVID-19
- I have not (within the last 14 days) been in close contact with anyone diagnosed with (or suspected to have) COVID-19 (where 'suspected to have' means the person is exhibiting the principal symptoms of COVID, as described below, and 'close contact' is being within 6 feet for a cumulative 15 minutes or longer [within a given 24 hour period] OR providing care at home to someone who is sick with COVID-19 OR hugging/kissing an infected person OR sharing eating/drinking utensils OR the other person sneezed, coughed, or otherwise got respiratory droplets on you). Note that this 'close contact' period begins 2 days before symptoms developed (for exposure to *symptomatic* individuals) **or** 2 days before the COVID-19-positive specimen was taken (for exposure to *asymptomatic* individuals) – whichever period came first.
- In the last 10 days, I've simultaneously experienced **no more than one** of these symptoms (doesn't include symptoms due to known, non-COVID medical/physical condition): *chills, muscle/body aches, headache, sore throat, fatigue (not otherwise explained by another known cause), diarrhea, nausea or vomiting, abdominal pain, congestion or runny nose.*
- During the last 10 days, I have not experienced **any** of the following symptoms (not including symptoms due to a known, non-COVID medical or physical condition): *fever(≥ 100.4 °F), cough (excluding chronic cough due to a known medical reason other than COVID-19), shortness of breath or difficulty breathing, loss of taste or smell.*

Full Name

Signature

Date

Full Name

Signature

Date