

COVID-19 – Screening Criteria

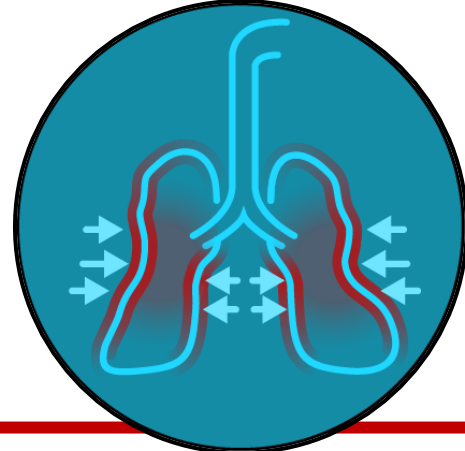
Are you currently experiencing these symptoms?



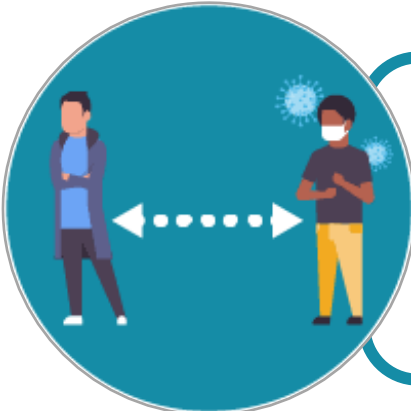
Fever?



Cough?



**Shortness of
breath?**



Have you had close contact (within 6ft and over 10 min) in the last 14 days with an individual diagnosed with COVID-19?



Is there anyone within your household suspected or diagnosed with COVID-19?



Have you travelled internationally in the last 14 days (airplane or cruise ship)?

If you answer “yes” to any of the screening questions above . Please fill out the screening questionnaire