

## Health Survey Questionnaire

- Have you, or anyone you have had close contact with, been diagnosed with COVID-19 within the last 14 days?
- Have you, or anyone you have had close contact with, experienced a fever (temperature over 100.4° F or 38° C) within the past 24 hours?
- Have you, or anyone you have had close contact with, had COVID-19 symptoms in the last 24 hours (loss of smell, cough, sore throat, muscle aches, shortness of breath, nausea, vomiting, loss of appetite)?
- Have you, or anyone you have had close contact with, been asked to self-isolate or quarantine in the last 2 weeks?