Temperature: _____

1.Do you or have you recently had a fever, cough, shortness of breath or any other related Covid-19 symptoms?

☐ **Yes**

☐ **No**

2. Have you been in close contact to someone known to have novel coronavirus infection (2019-nCoV or COVID-19 or ill with respiratory symptoms?

☐ **Yes**

☐ **No**

3. Within the past 14 days have you or a family member traveled to countries such as China, Iran, Europe, South Korea, and domestic travel to states with high numbers of infected patients (e.g., Washington, California, New York)?

☐ **Yes**

☐ **No**

Name:_____ **Date:_____**

D.O.B:_____ **Signature: _____**