

**Section 1: Symptoms** *Circle Yes or No*

Yes	No	Temp 100.4 or greater
Yes	No	Cough
Yes	No	Shortness of Breath or Difficulty Breathing
Yes	No	Chills
Yes	No	Fatigue
Yes	No	Muscle or Body Aches
Yes	No	Headache
Yes	No	Sore throat
Yes	No	New Loss of Taste or Smell
Yes	No	Congestion or Runny Nose
Yes	No	Nausea, Vomiting, Diarrhea or Abdominal pain
Yes.	No	Poor appetite or poor feeding

Section 2: Close Contact/Potential Exposure *Circle Yes or No*

Yes	No	Had close contact (within 6ft for at least 15 Minutes with or without a mask) with a person with confirmed or probable COVID-19 case. <i>Probable case is defined as person with COVID symptoms and linked to a known exposure per LHD</i>
Yes	No	Has travelled internationally within the past 14 days