

ATTACHMENT A

COVID-19 Screening Questions:

1. Have you been in close contact in the past 14 days with a confirmed case of COVID-19?
2. Have you been diagnosed with COVID-19?
3. Have you been told by a health care provider or public health official to self-quarantine?
4. Are you experiencing a cough, shortness of breath/difficulty breathing, chills, muscle pain, new loss of taste or smell, or sore throat?
5. Have you had a fever in the last 48 hours?
6. Have you had vomiting or diarrhea in the last 24 hours?