

## COVID-19 Screening

Community	Name	Date	Shift

For the safety and wellbeing of our residents, if the answer to any of the following are yes, we ask that you not be in our community at this time. Thank you.

<b>Please answer the questions below</b>	<b>Yes</b>	<b>No</b>
Do you have any symptoms of respiratory illness?		
Do you have a fever over 100.4? Current body temperature as measured by community personnel: _____		
Do you have a cough?		
Do you have shortness of breath?		
Have you been on a cruise or to any countries designated a Level 3 High Risk Country by the CDC in the last 14 days? (china, Iran, Italy, South Korea, most of Europe)		
Have you been exposed to anyone with COVID-19?		
Are you under investigation for COVID-19?		