



## **Prescreening Questions**

- **Do you have a fever? (100.4 or greater)?**
- **Do you have any other symptoms of COVID-19?**
- **Are you waiting for a COVID-19 test result due to symptoms?**
- **Have been diagnosed with COVID-19 in the past 2 weeks?**
- **Have you been instructed to isolate or quarantine by a health care provider or the health department?**
- **Have you had close contact with any person with COVID-19 or any person suspected of having COVID-19 in the last 14 days and did not complete quarantine?**