Health Screening Questions

The Health Screening questions are as follows:

- Have you felt feverish?
- Do you have a cough or sore throat?
- Have you been experiencing difficulty breathing or shortness of breath?
- Do you have muscle or body aches?
- Have you had a new or unusual headache? (e.g., not related to caffeine, diet, or hunger, not related to a history of migraines, clusters, or tension, not typical to the individual)?
- Have you noticed a new loss of taste or loss of smell?
- Have you been experiencing chills or rigors (a sudden feeling of cold with shivering accompanied by a rise in temperature)?
- Do you have any gastrointestinal concerns (e.g., abdominal pain, vomiting, and diarrhea)?
- Is anyone in your household displaying any symptoms of COVID-19?