

### COVID-19 Screening Survey

**First and Last Name:** .....

1. How old are you? .....  
*Individuals at highest risk for severe disease and death include people over 60 years old. The highest mortality rate is among people over 80 years old.*
  
2. Do you have a high temperature (over 100.4F or over 38C) or a fever?  
 Yes     No  
*Present in 88% of COVID-19 cases.*
  
3. Do you have difficulty breathing or shortness of breath?  
 Yes     No  
*Present in 19% of COVID-19 cases.*
  
4. Do you have either a dry cough or a productive cough (i.e. phlegm/mucus)?  
 Yes     No  
*Dry cough present in 68% of COVID-19 cases. Productive cough present in 33% of COVID-19 cases.*
  
5. Do you have excessive fatigue?  
 Yes     No  
*Present in 38% of COVID-19 cases.*
  
6. Do you have significant generalized body aches involving muscles or joints?  
 Yes     No  
*Present in 15% of COVID-19 cases.*
  
7. Do you have a sore throat?  
 Yes     No  
*Present in 14% of COVID-19 cases.*
  
8. Do you have a headache?  
 Yes     No  
*Present in 14% of COVID-19 cases.*
  
9. Do you have chills?  
 Yes     No  
*Present in 11% of COVID-19 cases.*
  
10. Do you have nausea / vomiting?  
 Yes     No  
*Present in 5% of COVID-19 cases.*
  
11. Do you have nasal congestion?  
 Yes     No  
*Present in 5% of COVID-19 cases*

12. Do you have diarrhea?

- Yes     No

*Present in 4% of COVID-19 cases.*

13. Do you have any of the following serious medical conditions? (Please select all that apply.)

- Cancer
- Cardiovascular disease
- Diabetes
- Hypertension (i.e. high blood pressure)
- Weak immune system
- I do not have any of the conditions above.

*- Individuals at highest risk for severe disease and death include people with serious medical conditions.*

*- 13% mortality rate with cardiovascular disease.*

*- 9% mortality rate with diabetes.*

*- 8% mortality rate with hypertension.*

*- 8% mortality rate with chronic respiratory disease.*

*- 8% mortality rate with cancer.*

14. Have you traveled to, or had a layover in, any of the following high-risk countries or states in the last 14 days? (Please select all that apply.)

- Europe                      Which country? .....
- United Kingdom
- Russia
- Brazil
- Peru
- Mexico
- Middle East                Which country? .....
- New York, New Jersey, Massachusetts, Maryland, Michigan, Illinois, Pennsylvania, Georgia, Texas, Connecticut
- I have not been to any of these places above in the last 14 days.

**Signature:** .....

**Date:** .....