COVID-19 Self Assessment

1. Have you been in close contact with a confirmed case of COVID-19 within the past 14 days?

2. Have you had a fever or felt feverish in the last 72 hours?

3. Are you experiencing any new respiratory symptoms including a runny nose, sore throat, cough or shortness of breath?

4. Are you experiencing any new muscle aches or chills?

5. Have you experienced any new change in your sense of taste or smell?

If yes, go/stay home and call your healthcare provider.

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