



COVID-19 QUESTIONNAIRE

Do you currently have or have you had any of the following, within the last 14 days:

- **Fever of 100.4 or higher**
- **Shortness of Breath or Difficulty Breathing**
- **Persistent Dry Cough or Sore Throat**
- **Unusual Body Aches, Fatigue or Chills**
- **Loss of Taste or Smell**
- **A positive COVID-19 Diagnosis**
- **Close contact with a person who has tested positive for COVID-19**
- **Have you traveled outside of New England? If so, have you been tested for COVID-19 upon your return?**