



**COVID-19 Screening Questionnaire**  
**Individuals must pass all questions before entering the center.**

**1. Have you tested positive for COVID-19 (symptomatic or asymptomatic) in the last 14 days?**

- Must answer “No”.
- If “Yes”, screening is stopped, & person is kindly asked to kindly return 14 days after symptoms first presented (symptomatic) or known exposure occurred (asymptomatic) & symptom-free for at least the last 72 hours. **Note:** In addition, staff & participants will also require a negative PCR COVID-19 test.

**2. Have you experienced any of the following symptoms in the last 72 hours?**

Fever or chills	Fatigue	Sore throat
Cough	Muscle or body aches	Congestion or runny nose
Shortness of breath or difficulty breathing	Headache	Nausea or vomiting
	New loss of taste or smell	Diarrhea

- Must answer “No” to all symptoms.
- If “Yes”, screening is stopped, & person is kindly asked to return when symptom-free for at least 72 hours.

**3. Regardless of vaccination status, are you or someone in your household isolating &/or quarantining due to being positive with COVID-19 or due to potential &/or known exposure of COVID-19?**

- Must answer “No”.
- If “Yes”, screening is stopped, & person is kindly asked to return after 14 days after potential &/or known exposure occurred & is symptom free for 72 hours. **Note:** In addition, staff & participants will require a negative COVID-19 PCR test 5-7 days after potential &/or known exposure occurred in their household.

**4. Regardless of vaccination status, to the best of your knowledge, in the past 14 days, have you come in prolonged contact with anyone outside of your household where social distancing & mask precautions were not used?**

- Must answer “No”.
- If “Yes”, screening is stopped, & person is kindly asked to return 14 days after potential exposure occurred.

**5. Regardless of vaccination, in the past 14 days have you come into prolonged contact with anyone who has tested positive for COVID-19 where social distancing & masking precautions were not used?**

- Must answer “No”.
- If “Yes”, screening is stopped, & person is asked to kindly return 14 days after known exposure occurred.

**6. Temperature reading should be below 99.4° F.**

- **NOTE:** If person fails first temperature reading, one (1) recheck is permitted.
- If person does not pass, screening is stopped, & person is kindly asked to return when fever-free without the aid of fever-reducing medication for at least 72 hours.

**Updated 12/30/21 GGG AFC**