



ELC-EC COVID-19 SCREENING

| PLEASE READ EACH QUESTION CAREFULLY | PLEASE ANSWER THAT APPLIES TO YOU | |
|---|---|-----------|
| <p>Have you experienced any of the following symptoms in the past 48 hours:</p> <ul style="list-style-type: none"> • fever or chills • cough • shortness of breath or difficulty breathing • fatigue • muscle or body aches • headache • new loss of taste or smell • sore throat • congestion or runny nose • nausea or vomiting • diarrhea | YES | NO |
| <p>Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:</p> <ul style="list-style-type: none"> • Anyone who is known to have laboratory-confirmed COVID-19? <p>OR</p> <ul style="list-style-type: none"> • Anyone who has any symptoms consistent with COVID-19? | YES | NO |
| <p>Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?</p> | YES | NO |
| <p>Are you currently waiting on the results of a COVID-19 test?</p> | YES | NO |
| <p>Did you answer NO to ALL QUESTIONS?</p> | <p>Access to our facilities are APPROVED. Thank you for helping us protect you and others during this time. Please limit entry to immediate family only.</p> | |
| <p>Did you answer YES to ANY QUESTION?</p> | <p>Access to our facilities is NOT APPROVED. Thank you for helping us protect you and others during this time.</p> | |



cdc.gov/screening



cdc.gov/screening/further-instructions.html