

# COVID-19 Screening Tool

**If you answer yes to any of the following screening questions, it is strongly recommended that you keep yourself isolated from group settings.**

1. Have you been exposed (within 6 feet for 10 minutes or more without a face mask) to a confirmed diagnosed COVID-19 person?  
 Yes  
 No
  
2. Have you traveled outside of the country/USA (Hubei Province, China, S. Korea, Japan, Europe, and Iran) or to Seattle, San Francisco, New York? OR Have you had contact with someone who recently traveled internationally, especially to these identified areas?  
 Yes  
 No
  
3. Do you have a cough, sore throat, runny nose and/or nasal congestion?  
 Yes  
 No
  
4. Do you have a fever greater than 100F/38C?  
 Yes  
 No
  
5. Do you have body aches, nausea, vomiting, and/or diarrhea?  
 Yes  
 No
  
6. Do you have shortness of breath?  
 Yes  
 No
  
7. Do you have any chronic illness such as:
  - Diabetes Mellitus
  - Heart Disease
  - Lung conditions of chronic nature- COPD, Fibrosis, Emphysema, and/or on home oxygen
  - Kidney failure conditions
  - Alcoholism, Smoking
  - Autoimmune disorders: SLE-Lupus, Crohn's disease, and/or on immune suppressive medications
  - Cancer with Chemo therapy and/or radiation
  - Arthritis conditions and on immune modulator agents/meds such as Methotrexate etc.
  - Organ Transplant recipients on antirejection meds
  - Age-Elderly  
 Yes  
 No