

COVID-19 Screening Questionnaire for Immunizations, Ambulatory Services, Appointment Based Services

Assessment Criteria
1) Do you have any of the following symptoms that are unusual for you? <ul style="list-style-type: none">• Cough?• Shortness of breath?• Sore throat?• Chills?• Congestion or runny nose?
2) Do you have diarrhea or nausea/vomiting?
3) Do you have a fever?