



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

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