



## Health Questionnaire for COVID-19

1. In the past 72 hours have you felt ill or experienced any fever?
2. Are you currently experiencing any unexplained symptoms, or have you experienced any in the past 10 days?
  - Examples - respiratory symptoms (runny nose, sore throat, cough, or shortness of breath); muscle aches or chills; gastrointestinal symptoms (nausea, vomiting, or diarrhea); changes in your sense of taste or smell
3. Have you had close personal contact with someone diagnosed with COVID-19 in the past 14 days, or are you aware of having had close contact with anyone in the last 14 days?
4. In the past 14 days have you returned from international travel?
  - If YES:
    - If so, where from?
    - To your knowledge, were you exposed to anyone that has tested positive for COVID-19 while travelling?