Name:																		
Have you traveled out of the country in the past 14 days?	Yes	No	Yes	No	Yes	No												
Have you traveled out of the state (Nebraska or Iowa) or within the state to an area that has a high incidence of Covid-19 in the past 14 days?	Yes	No	Yes	No	Yes	No												
Have you had contact with																		
anyone confirmed with Covid -19 in the last 14 days?	Yes	No	Yes	No	Yes	No												
Have you been diagnosised with Covid - 19?	Yes	No	Yes	No	Yes	No												
5. If you have been diagnosised with Covid -19 do you still have restrictions from your Treating Doctor that limit your community activities?	Yes	No	Yes	No	Yes	No												
6. Have you had contact with anyone who has been tested for Covid-19 but has not gotten results yet?	Yes	No	Yes	No	Yes	No												
7. Have you had any of the following symptoms in the last 14 days:																		
a. Temperature greater than 100	Yes	No	Yes		Yes	No	Yes	No	Yes		Yes		Yes		Yes	No	Yes	
b. Difficulty breathing	Yes	No	Yes	No	Yes	No	Yes	No	Yes		Yes	No	Yes		Yes	No	Yes	No
c. Cough d. Unexplained loss of feeling in any body parts, especially hands	Yes	No	Yes		Yes	No	Yes	No	Yes		Yes	No	Yes		Yes	No	Yes	No No
Are you currently experiencing any of the following symptoms:																		
a. Temperature greater than 100	Yes	No	Yes		Yes	No	Yes	No	Yes		Yes		Yes		Yes	No	Yes	
b. Difficulty breathing c. Cough	Yes	No	Yes		Yes	No	Yes	No	Yes		Yes		Yes		Yes	No	Yes	
d. Unexplained loss of feeling in any body parts, especially hands	Yes	No	Yes Yes	No	Yes	No No												

If you answered yes to questions 1,2 or 3, please call your primary care provider or your State Department of Health for further directions.

If you answered yes to any questions you will be asked not to enter the facility.