

Do you agree with the following statements?

In the last 72 hours I have not had any of the following symptoms:

(Symptoms related to pre-existing diagnosed health conditions do not apply.)

- Fever of 100.4 Fahrenheit or higher, or feeling feverish (chills/sweating).
- Excessive coughing, congestion or runny nose.
- Difficulty breathing.
- Sore throat.
- Loss of taste or smell.
- Muscle aches, body aches, headache or fatigue.
- Nausea, vomiting, or diarrhea.

In the last 14 days, I have not knowingly been within 6 feet of anyone diagnosed with COVID-19.

- ☐ **I agree**
- ☐ **I disagree.**