



## COVID-19 SCREENING

# Please be prepared to answer these questions

- + Have you or a member of your household tested positive for COVID-19 in the last 14 days?
- + Do you currently have cough, shortness of breath, rash, sore throat, diarrhea, chills, muscle pain, new loss of taste and smell?
- + Have you traveled outside of NY State to an area with ongoing community transmission of COVID-19 in the last 14 days?