

Print Name:		Have you been diagnosed with COVID-19 and not yet cleared to discontinue isolation?
Date:	Time:	<input type="radio"/> YES <input type="radio"/> NO
Email:		
Phone:		Have you had close contact with someone diagnosed with COVID-19 or been notified that you may have been exposed to it within the past 14 days?
Have you had a fever (temperature 100.4 F or greater) or felt feverish or had chills in the last 24 hours?		<input type="radio"/> YES <input type="radio"/> NO
<input type="radio"/> YES <input type="radio"/> NO		
Are you experiencing any new symptoms in the last 24 hours (that is not explainable by another known condition)?Fever or chills, Cough, Shortness of breath or difficulty breathing, Rash, Nasal congestion or runny nose, Sore throat, nausea, vomiting, diarrhea, Loss of taste or smell, muscle or body aches or decreased appetite		Have you traveled anywhere in the past 24 hours that would require you to quarantine
<input type="radio"/> YES <input type="radio"/> NO		<input type="radio"/> YES <input type="radio"/> NO
Are you under evaluation for COVID-19 (for example, waiting for the results of a viral test to confirm infection) not including weekly surveillance testing?		Have you attended a gathering with more than 25 people in which universal masking and 6 feet of physical distancing requirements were not enforced within the past 14 days?
<input type="radio"/> YES <input type="radio"/> NO		<input type="radio"/> YES <input type="radio"/> NO

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