

HCH COVID-19 SCREENING

- Have you (or a household member) in the past 14 days experienced any of the following symptoms? (Fever 100.4 or above, cough, sore throat, shortness of breath, chills, and/or body aches)
- Have you (or a household member), in the past 14 days, had close contact (within 6 feet, in a confined space, or direct contact with secretions [been coughed, sneezed on, etc.]) with anyone known to be infected with COVID-19?
- Have you (or a household member) traveled to any location where the local authority has ordered a mandatory quarantine?