



PARTICIPANT HEALTH QUESTIONNAIRE

Participant Name: _____ Date: _____

1. Within the last 14-days, have you experienced a new cough that you cannot attribute to another health condition?

YES

NO

2. Within the last 14-days, have you experienced new shortness of breath that you cannot attribute to another health condition?

YES

NO

3. Within the last 14-days, have you experienced a new sore throat that you cannot attribute to another health condition?

YES

NO

4. Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?

YES

NO

5. Within the last 14-days, have you had a temperature at or above 100.4° or the sense of having a fever?

YES

NO

6. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?* (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes)

YES

NO