

Communicable Disease Questionnaire

1. Do you currently have any of the following symptoms? Please indicate Yes or No for each symptom below.

Communicable Disease Symptoms

A.	Fever (temperature of 100°F or higher) or chills	Yes	No
B.	New difficulty breathing/shortness of breath	Yes	No
C.	New cough	Yes	No
D.	Unusual Fatigue	Yes	No
E.	New loss of taste or smell	Yes	No
F.	Loss of appetite	Yes	No
G.	New rash	Yes	No
H.	Body aches	Yes	No
I.	Nausea, vomiting, or diarrhea	Yes	No

2. IN THE PAST WEEK: To the best of your knowledge, have you been in contact with someone who has a fever, new cough, shortness of breath, or been newly diagnosed with COVID-19? *Do not include contact as part of direct patient care with appropriate PPE.*
- No Yes