Free Clinic of Simi Valley

COVID-19 SCREENING QUESTIONNAIRE

Have you experienced any of the following symptoms in the past 48 hours?		
Fever or chills	☐ Yes	☐ No
Cough	☐ Yes	☐ No
Shortness of breath or difficulty breathing	☐ Yes	☐ No
Fatigue	☐ Yes	☐ No
Muscle or body aches	☐ Yes	☐ No
Headache	☐ Yes	☐ No
New loss of taste or smell	☐ Yes	☐ No
Sore throat	☐ Yes	☐ No
Congestion or runny nose	☐ Yes	☐ No
Nausea or vomiting	☐ Yes	☐ No
Diarrhea	☐ Yes	☐ No
Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?	☐ Yes	☐ No
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?	☐ Yes	☐ No
Are you currently waiting on the results of a COVID-19 test?	☐ Yes	☐ No