



COVID-19 Exposure Questionnaire

1. Have you been within approximately 6 feet, for a prolonged period of time, with a person confirmed to have COVID-19?

Yes [] No []

2. Have you been within approximately 6 feet, for a prolonged period of time, with a person being evaluated as a person under investigation for having COVID-19?

Yes [] No []

3. Have you had direct contact with infectious secretions of a person confirmed to have or suspected of having COVID-19 (E.g., being coughed on)?

Yes [] No []

4. Have you traveled from geographic regions where sustained community transmission has been identified by the CDC? Relevant affected areas are defined as a country with at least a CDC level 2 Travel Health Notice.

Yes [] No []

5. Have you had a fever of 100.4 or greater (actual or subjective), or experienced coughing, difficulty breathing, runny nose, congestion and more? (Note that these symptoms may be indicative of many different illnesses, not just COVID-19.)

Yes [] No []

Thank you for partnering with us to help us try to reduce the spread of COVID-19.