SELF SCREEN QUESTIONNAIRE

HAVE YOU HAD ANY OF THESE SYMPTOMS IN THE LAST 24 HOURS?:
• Cough
• Shortness of breath or difficulty breathing

OR AT LEAST TWO OF THESE SYMPTOMS:
• Fever (thermometer check not required if you don’t have one)
• Chills
• Repeated shaking with chills
• Muscle pain

WITHIN THE LAST 14 DAYS, HAVE YOU:
• Returned from traveling out-of-state?
• Been in close contact with any person who has returned from traveling out-of-state?
• Been exposed to an individual with a confirmed case or symptoms consistent with COVID-19?

YES
If you answered “yes” to any of the above please return home and connect with Ada County digitally or by phone. If you are an Ada County employee please do not enter and contact your supervisor.

NO
If you answered “no” to ALL of the above please make sure to wear a face covering, maintain social distance and wash hands frequently.

Thanks for doing your part to reduce the spread of COVID-19.