

COVID Symptom Checklist
5-14-20

Take the temperature of the individual. Is the temperature 100.4 F or higher?

Ask these questions:

1. Have you traveled out of the country or state within the past 14 days?
2. Have you had close, unprotected contact with someone with a diagnosis of COVID-19 in the last 14 days?
3. Have you or anyone with whom you have had close contact in the last 14 days experienced any of the following **new or worsening** symptoms or signs:

Runny nose, sneezing, or nasal congestion?

If so, are you confident that those symptoms are due to allergies?

Sore throat?

Hoarse voice?

Difficulty swallowing?

Cough (either productive or dry)?

Shortness of breath?

Loss of or change in smell or taste?

Unexplained fatigue/malaise?

Fever/Chills/Shaking Chills?

Headache?

Diffuse muscle pain?

Nausea/vomiting, diarrhea, abdominal pain?