

HUTCHCC HOUSING COVID-19 SCREENING

1. In the last 48 hours have you had any of the following NEW symptoms?

- | | |
|--------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Fever over 100 | <input type="checkbox"/> Fever symptoms (alternate chills & sweating) |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Trouble Breathing or severe wheezing |
| <input type="checkbox"/> Muscle Aches | <input type="checkbox"/> Chills or repeated shaking with chills |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Loss of smell or taste, or a change in taste |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Nausea, vomiting or diarrhea |
| <input type="checkbox"/> None of the Above | |

*People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. The symptoms listed on question 1 may appear **2-14 days after exposure to the virus.***

People with these symptoms may have COVID-19

2. Have you traveled in the last 14 days?

- Yes No

3. In the last 14 days have you lived in or visited a place that is considered a Hot Spot by the Kansas Dept of Health and Environment?

<https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran>

- Yes No

4. If the answer to Questions 2 or 3 was Yes, where have you traveled to & from?

**5. If the answer to Question 2 was Yes, what was the mode of transportation?
Circle all that apply.**

Car Plane Bus Train

6. Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 5 minutes, or had direct contact with their mucus or saliva, in the past 14 days?

- Yes No