Y	es	No
*If the answ	er is yes, how long ha	ve you been quaranti
Have you traveled in the last two weeks?		
Y	es	No
Do you have any of	the following sympto	ms?
1. Cough:		
	Yes	No
2. Shortnes	ss of breath:	
	Yes	No
3. Fever : _		-
	Yes	No
4. Sore Th	roat:	-
2	Yes	No
5. Loss of t	taste or smell:	
	Yes	No
6. Body Ac	Yes	No
	1 68	140

Patient Signature