

## COVID-19 Screening Questionnaire

1. Has your child or anyone in the household traveled to a known COVID-19 outbreak in the past 2-3 weeks?
2. Has your child or anyone in the household had possible exposure to a known case?
3. Does your child or anyone in the household have a fever and/or respiratory symptoms (cough, congestion, pneumonia, flu-like illness, shortness of breath) at this time?
4. Has your child or anyone in the household travelled on a plane in the past 2-3 weeks?

# STOP!

To all individuals entering the building,  
before proceeding to your appointment,  
have you or your child?

1. Fever?
2. Sore throat?
3. Cough?
4. New shortness of breath?

If you answered Yes for any of these questions, please  
take a seat in the conference room and someone will be  
with you shortly.