

Question	Answer
Have you had contact with a known Coronavirus/COVID-19 patient?	No
Do you work in a job that results in frequent exposure to patients with COVID-19 (ex: congregate living, COVID testing, COVID floor in hospital)?	No
Have you had a COVID-19 test?	No
Has your doctor ordered a COVID-19 test?	No
Please select symptoms that you have experienced in the last 14 days:	
Fever	No
Cough	No
Shortness of Breath	No
Difficulty Breathing	No
Chills	No
Fatigue	No
Muscle Pain/Body Ache	No
Sore Throat	No
Headache	No
Loss of Smell/Taste	No

Have you they recently traveled outside Connecticut for more than 24 hours?