



## COVID-19 Screening Questions

1. Do you now, or have you had a fever in the past 48 hours?
2. Have you had contact, without PPE in place, with someone known or under investigation for Covid-19 in the last 14 days?
3. Have you traveled outside of Pennsylvania to any of the following states in the past 14 days?

- Alabama
- Arkansas
- Florida
- Georgia
- Idaho
- Illinois
- Iowa
- Kansas
- Louisiana
- Mississippi
- Missouri
- Nebraska
- North Dakota
- Oklahoma
- South Carolina
- South Dakota
- Tennessee
- Wisconsin

4. Do you currently or have had chills within the past 48 hours?
5. Do you have a cough?
6. Do you have a sore throat?
7. Do you have shortness of breath, or difficulty breathing?
8. Do you have muscle aches or body pain?
9. Do you have a new loss of taste or smell?

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