

ATLANTIAN HEALTH SCREENING QUESTIONNAIRE

The responsible party for this activity **MUST** ask each attendee these questions upon arrival at the activity site. If the answer to any of these activities is YES ask the person to leave for the health and safety of other attendees.

Questions:

Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 15 minutes, or had direct contact with their mucus or saliva, in the past 14 days?

Yes _____ No _____

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

_____ Fever of 100 F (37.8 C) or above, or possible fever symptoms like alternating chills and sweating

_____ Cough

_____ Trouble breathing, shortness of breath or severe wheezing

_____ Chills or repeated shaking with chills

_____ Muscle aches

_____ Sore throat

_____ Loss of smell or taste, or a change in taste

_____ Nausea, vomiting or diarrhea

_____ Headache

Has a public health official advised you to get tested for COVID-19 in the last 2 weeks?

Yes _____ No _____

Source: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/coronavirus-self-checker.html>