

# COVID-19

## DAILY SCREENING QUESTIONNAIRE

**Please review the following questions at the beginning of every shift!**

### Recent COVID-19 Exposure:

- Have you knowingly been in close contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?
- Have you tested positive for COVID-19 in the past 14 days?
- Have you experienced any symptoms of COVID-19 in the past 14 days?

### Are you currently experiencing any of the following symptoms?

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

**If you answered "YES" to any of these questions, please do not continue into the building. Please go home and contact your health care provider immediately!**

**If you have questions, please contact Tioga County Public Health at 607-687-8623!**



**Public Health**  
Prevent. Promote. Protect.

Tioga County

