## **Infectious Disease Preparedness Questionnaire**



Questions

- **A-** Have you, or anyone in your household, been in contact with a person that has tested positive for COVID-19?
- **B-** Have you, or anyone in your household, been in close contact with a person that is in the process of being tested for COVID-19?
- **C-** Have you been medically directed to self-quarantine due to possible exposure to COVID-19?
- **D-** Are you having trouble breathing or have you had flu-like symptoms within the past 48 hours, including: fever, cough, shortness of breath, sore throat, body aches, chills, or fatigue?

Answers

Name of Person	Date	Arrival time	Α	В	С	D	Temperature