 **COVID-19 SCREENING FORM**

 23308 John R Rd, Hazel Park, MI 48030, USA

 **OFFICE**: (248) 632-1000 **FAX**: (248) 632-1033

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please CIRCLE the best answer to the following questions:**

1. **Have you traveled outside the United States in the last 14 days?**

**YES or NO**

1. **Have you traveled within the United States in the last 14 days?**

**YES or NO**

1. **Have you been on a cruise ship in the last 14 days?**

**YES or NO**

1. **Have you been in close contact with anyone that has traveled domestically or internationally in the last 14 days?**

**YES or NO**

1. **Have you attended any events or gatherings with more than 100 people?**

**YES or NO**

1. **Have you been in close contact with a person known to have the 2019 Novel Coronavirus?**

**YES or NO**

1. **Have you been asked to self-quarantine?**

**YES or NO**

1. **In the last 72 hours, have you had a fever or lower respiratory symptoms such as a cough or shortness of breath?**

**YES or NO**

1. **Do you have a new onset of cold symptoms such as a cough or runny nose?**

**YES or NO**

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information on the COVID-19 virus and things you can do to mitigate the spread, please visit Michigan.gov/coronavirus and CDC.gov/coronavirus.