

1	<p>Have you returned within the last 14 days from any of the countries with a CDC Level 3 Travel Health Notice (currently all International countries), New York, New Jersey, Connecticut, Santa Clara County, CA, Seattle (King, Pierce, and Snohomish Counties), WA, or any location that has been identified by the CDC as requiring returning travelers to undergo a self-quarantine period?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
2	<p>Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
3	<p>Have you been in close contact with anyone who has traveled within the last 14 days to one of the countries with a CDC Level 3 Travel Health Notice (currently all International countries), New York, New Jersey, Connecticut, Santa Clara County, CA, Seattle (King, Pierce, and Snohomish Counties), WA, or any location that has been identified by the CDC as requiring returning travelers to undergo a self-quarantine period?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
4	<p>Have you experienced any cold or flu-like symptoms in the last 14 days (such as fever, cough, sore throat, shortness of breath)?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>

Signature:

\_\_\_\_\_

Date: \_\_\_\_\_