



## Intake Health Questionnaire

Name:	Date:
	Room:

Please answer each question to the best of your ability as it most accurately describes how you feel, what you have felt, and people you have interacted with over the last two (2) weeks

	Questions:	Yes	If Yes, Date symptom/issue began	No	Not Sure
1	Have you had a fever in the last two (2) weeks?				
2	Have you had a dry cough in the last two (2) weeks?				
3	Have you had a productive cough in the last two (2) weeks?				
4	Have you had shortness of breath in the last two (2) weeks?				
5	Have you had a sore throat in the last two (2) weeks?				
6	Have you had chills in the last two (2) weeks?				
7	Have you had muscle aches in the last two (2) weeks?				
8	Have you been nauseated or experienced vomiting in the last two (2) weeks?				
9	Have you had abdominal pain in the last two (2) weeks?				
10	Have you had diarrhea in the last two (2) weeks?				
11	Have you had a runny nose in the last two (2) weeks?				
12	In the last two (2) weeks, have you had close contact with anyone who exhibited the symptoms listed above? If yes, who was the person and how are they connected to you (if applicable)? _____				
13	In the last two (2) weeks, have you had close contact with anyone who was diagnosed with Coronavirus 19? If yes, who was the person and how are they connected to you (if applicable)? _____				
14	In the last two (2) weeks, have you had close contact with anyone who have travelled from China, South Korea, Italy, Iran and Japan? If yes, who was the person and how are they connected to you (if applicable)? _____				
15	In the last two (2) weeks, have you had close contact with anyone who was hospitalized with a lower respiratory tract infection? If yes, who was the person and how are they connected to you (if applicable)? _____				