



# Cookie Booth COVID-19 Screening Form

*Screening Questions apply to Personal, School and Professional Contact*

Please do not attend a Cookie Booth if you answer "yes" to any of the below questions.

1. Do you have a fever or above-normal temperature (>100F)?
2. Have you taken fever reducers in the past 72 hours?
3. Have you been experiencing shortness of breath or having trouble breathing?
4. In the past 72 hours, have you had a dry cough?
5. In the past 72 hours, have you had a runny nose?
6. In the past 72 hours, have you had a sore throat?
7. Have you recently lost or had a reduction in your sense of smell or taste?
8. In the past 72 hours, have you had any other flu-like symptoms, such as gastrointestinal upset, headache, muscle pain or fatigue?
9. In the past 72 hours, have you had chills or repeated shaking with chills?
10. Have you tested positive within 10 days or are you awaiting test results of a COVID-19 test?
11. In the last 14 days, have you been in contact with anyone who has tested positive for COVID-19 or awaiting COVID-19 test results?