APPENDIX C

COVID-19 SCREENING QUESTIONNAIRE FOR FIE EVENT

PARTICIPANT’S NAME:

DOB: MOBILE PHONE:

EMAIL: EVENT: DATE:

# Section 1

COUNTRY:

VENUE :

YES NO - Actual Temperature:

Temperature ≥100.1/37.8

# Section 2. Do you have any of the following symptoms:

|  |  |  |
| --- | --- | --- |
| Recent/New Onset Coughing (unrelated to allergy or pulmonary disease) | YES | NO |
| Recent/New Nasal Congestion (unrelated to allergies or sinus infection) | YES | NO |
| Recent/New Onset Sore Throat | YES | NO |
| Recent/New Onset Shortness of breath (unrelated to chronic disease) | YES | NO |
| Recent/New Onset Diarrhea | YES | NO |
| Recent/New Onset Abdominal Pain |  |  |
| Recent/New Onset Nausea/Vomiting | YES | NO |
| Recent/New Onset Fatigue/Malaise | YES | NO |
| Recent/New Onset of Loss of Taste/Smell | YES | NO |

**Section 3. Exposure**

|  |  |  |
| --- | --- | --- |
| Are you living with someone who is quarantined? | YES | NO |
| Have you been in contact with an individual positive for COVID-19? | YES | NO |
| To the best of your knowledge, have you been exposed to someone being tested for COVID-19 or who has symptoms compatible with COVID-19? | YES | NO |
| Have you tested positive for Covid-19? | YES | NO |

Participant’s Signature:

Date:

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