



COVID-19 Screening Poster

Screen yourself for COVID-19 and other respiratory viruses using this questionnaire. If you answer YES to any of the questions, follow guidance provided.

September 12, 2022

1. Do you have any of these new or worsening symptoms*?

A) One or more:

Yes

No



Fever > 37.8°C and/or chills



Cough



Trouble breathing



Decrease or loss of taste/smell

B) Two or more:



Sore throat



Headache



Feeling very tired



Runny nose/
nasal congestion



Muscle aches/
joint pain



Nausea/vomiting/
diarrhea

2. Have you tested positive for COVID-19 in the last 10 days and have symptom(s)?

Yes

No



If "YES" to Q.1 or 2 Stay home & self-isolate



Follow extra measures**

3. Do you have only one symptom from 1(B) OR any of the following new or worsening symptoms*?

Yes

No

- Abdominal pain
- Pink eye
- Decreased or no appetite



If "YES" Stay home until your symptom is improving for 24 hours (48 hours for nausea/vomiting/diarrhea) and you do not have any new symptoms

4. Have you been told that you should be quarantining, isolating, or staying at home? (e.g. by a doctor, federal border agent, public health)?

Yes

No



If "YES" Stay home + Follow instructions you were given

5. Have you been told you are a close contact of someone who has symptoms OR someone who tested positive for COVID-19?

Yes

No



If "YES" Follow extra measures** + If symptoms* develop, self-isolate right away

*If the symptom is from a known health condition that gives you the symptom, select "No". If the symptom is new, different or getting worse, select "Yes". If there is mild tiredness, sore muscles or joints within 48 hours after a COVID-19 or flu vaccine, select "No".

** Following extra measures means: Wearing a well-fitted mask in all public settings, avoiding activities where you need to take off your mask and not visiting people or settings at higher risk.