



## MadWall COVID-19 Questionnaire

1) Have you been outside of the country in the last 14 days?

Yes\_\_\_

No\_\_\_

2) Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

Yes\_\_\_

No\_\_\_

3) Have you been in close contact with anyone who has traveled outside of the country within the last 14 days?

Yes\_\_\_

No\_\_\_

4) Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)?

Yes\_\_\_

No\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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