

COVID-19 QUESTIONNAIRE

Please answer the following

- **Have you traveled to any of these locations in the last 21 days?**

NYC (metro area) yes_____ no _____

New Jersey yes_____ no _____

Have you flown anywhere over the last 21 days?

yes_____ no _____

- **Have you had contact with anyone with confirmed COVID-19 in the last 21 days?**

yes_____ no _____

- **Have you been in contact with anyone who has flown or traveled to the above areas over the last 3 weeks?**

yes_____ no _____

- **Have you had any of these symptoms in the last 14 days?**

Fever greater than 100F yes_____ no _____

Difficulty breathing yes_____ no _____

Cough yes_____ no _____

Recent lost of smell (last 5 wks) yes_____ no _____

Signature _____

Date _____

Print Name _____