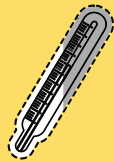


COVID-19 PRESCREENING

CHECKLIST



HAVE YOU HAD A FEVER IN
THE LAST 14 DAYS



HAVE YOU HAD A COUGH,
CHEST TIGHTNESS, OR
SORE THROAT IN THE
LAST 14 DAYS



HAVE YOU BEEN IN
CONTACT WITH ANYONE
WHO IS AFFECTED BY
COVID-19



HAVE YOU EXPERIENCED
CHILLS OR BODYACHES IN
THE LAST 14 DAYS



HAVE YOU TRAVELLED IN
THE LAST 14 DAYS



HAVE YOU EXPERIENCED
FATIGUE IN THE LAST 14
DAYS