

BIRCHES' SCREENING QUESTIONNAIRE	YES	NO
*Within the last 14 days, I have traveled to another country designated as a Level 3 Health Risk .		
*Within the last 14 days, I have traveled to a state designated as a Hotspot .		
*Within the last 14 days, I have had contact with someone with COVID-19 while not using appropriate PPE.		
*Within the last 14 days, I have been diagnosed with COVID-19 .		
Within the last 14 days, I have been sick with a cold or the flu.		
Within the last 7 days, I have had a fever or a measured body temperature of 99.9 degrees or more.		
Within the last 7 days, I have had nausea, and vomiting.		
Within the last 7 days, I have had diarrhea.		
Within the last 7 days, I have had shortness of breath.		
Within the last 7 days, I have had a sore throat.		
Within the last 7 days, I have lost my taste and smell.		
Within the last 7 days, my pulse oxygen saturation level was below 90%.		
I now have symptoms of a cold or flu.		
I now have a fever.		
Within the past 14 days, I have been around people who have been or are sick with colds or flu.		
Within the past 7 days, I have been nauseated, have vomited, or had diarrhea.		
<p>IF YOU HAVE ANSWERED “<u>YES</u>” TO ANY OF THESE QUESTIONS, YOU MUST DELAY YOUR VISIT FOR AT LEAST 14 DAYS FROM TODAY</p>		

