1. Have you recently traveled by air or cruise? Yes/No

2. Have you traveled to a region that is classified as high risk for COVID-19? Yes/No


3. Have you come in contact with someone who has a cough, fever, or difficulty breathing? Yes/No


4. Have you come in contact with someone who has tested positive for COVID-19? Yes/No


5. Do you have or in the last 14 days have you had a cough, fever >100.4 F, or difficulty breathing? Yes/No

   Yes, send home


6. Have you tested positive for COVID-19, or are you awaiting results of a COVID-19 test? Yes/No

   Yes, send home


If yes to any of the questions 1-4, but no to both questions 5 & 6, consider checking temperature using a non-contact thermometer. If >100.4 F send home and tell them to contact their primary care provider. Provide instruction to staff in small group meetings while exercising social distancing.