

## Coronavirus Screening Questions

	YES	NO
Do you have a history of Asthma or any other lung disease?		
Do you have a history of heart disease?		
Do you have history of diabetes?		
Do you have a history of chronic kidney disease or undergoing dialysis?		
Do you have a history of liver disease?		
<b>Are you considered immunocompromised?</b> Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.		

<b>In the last 14 days have you had any of the following:</b>	YES	NO
Fever or chills?		
Cough?		
Shortness of breath or difficulty breathing?		
Fatigue		
Muscle or body aches		
Headache		
New loss of taste or smell?		
Sore throat?		
Congestion or runny nose		
Nausea or vomiting		
Diarrhea		
Overall, do you feel healthy today?		

Signed

Date

Printed First & Last Name (Legibly)

**If you answered yes to any of the above questions, we ask you to avoid serving with Hope Beyond Bridges.**