



COVID-19 Exposure Screening Questions:	Yes (indicate by checking the box)	No (indicate by checking the box)
Have you had any signs or symptoms of respiratory infection? <ul style="list-style-type: none"> • Fever • Cough • Shortness of Breath 		
In the last 14 days have you had contact with: <ul style="list-style-type: none"> • Someone with a confirmed diagnosis of COVID-19 • Someone under investigation for COVID-19 		
Have you traveled within the last 14 days outside of Idaho or US or in areas with sustained community transmission?		

If you have answered yes to any of these questions additional screening may be necessary prior to making an appointment time.