I have (symptoms):

- Cough, shortness of breath or difficulty breathing
  - YES
  - NO

- Fever or Chills
  - YES
  - NO

- Vomiting or diarrhea
  - YES
  - NO

- New loss of taste or smell
  - YES
  - NO

- Muscle or body aches
  - YES
  - NO

Have you traveled outside NYS in the past two weeks?
- YES
- NO

Have you been exposed to anyone who has COVID or have you been diagnosed?
- YES
- NO

We will take your temperature

*“Symptom” icons by CDC, from cdc.gov.*