Kent County Basic COVID-19 Screening Tool

1. Have you had a fever (temperature >=100.0) within the past 2 days? Yes/No
2. Have you taken medicine (Tylenol, Ibuprofen) to treat a fever (temperature >=100.0) within the past 2 days? Yes/No
3. Have you had a new-onset cough (a cough that is new for you and developed recently; not one that you already have on a regular basis) within the past 14 days? Yes/No
4. Have you had shortness of breath or difficulty breathing within the past 14 days? Yes/No
5. Have you had new-onset nausea, vomiting, diarrhea (GI symptoms that are new for you and developed recently; not ones you already have on a regular basis, e.g., Crohn’s

 disease, ulcerative colitis, irritable bowel syndrome) within the past 14 days? Yes/No

1. Have you had exposure to someone who had been diagnosed with COVID-19 Yes/No
2. Have you had close contact with someone who has COVID-19? \*Kent County Health Department defines close contact for healthcare exposures as follows: a) lives in the same households as a person with COVID-19; or b) has had unprotected direct contact with infectious secretions of a COVID-19 case (e.g., infected person coughed or sneezed on you.) c) has spent at least 15 minutes within 6 feet of a person with COVID-19 Yes/No

*A single “yes” indicates COVID-19 symptomatic per the Kent County Health Department*