

# COVID SCREENING QUESTIONNAIRE

## And CONSENT FOR TESTING

This questionnaire is required to gather information for COVID screening in order for you to participate in any community or work-related activities. This will not be shared to anyone except to those who requires this document.

### **Information:**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_

In the **past 14 days**, have you had?

Fever: Y \_\_\_ N \_\_\_

New loss of sense of smell/taste: Y \_\_\_ N \_\_\_

Chills: Y \_\_\_ N \_\_\_

Fatigue: T \_\_\_ N \_\_\_

Cough: Y \_\_\_ N \_\_\_

Congestion or runny nose: Y \_\_\_ N \_\_\_

Shortness of breath: Y \_\_\_ N \_\_\_

Headache: Y \_\_\_ N \_\_\_

Difficulty of breathing: Y \_\_\_ N \_\_\_

Body ache/muscle aches: Y \_\_\_ N \_\_\_

Diarrhea: Y \_\_\_ N \_\_\_

Other symptoms: \_\_\_\_\_

Have you been in contact with anybody who was tested positive: Y \_\_\_ N \_\_\_

Attended any large gatherings (funeral, parties) where social distancing was not followed: Y \_\_\_ N \_\_\_

Have you been tested positive with COVID-19 before? Y \_\_\_ N \_\_\_ When? \_\_\_\_\_

Have you travelled in the past **14 days**? Check all that applies:

Great Falls ( )

Billings ( )

Missoula ( )

Helena ( )

Kalispell ( )

Seattle ( )

Spokane ( )

Other cities/places: \_\_\_\_\_

**"I give permission to COVID-19 testing for my child whose name appears above and the above information are correct"**

Parent/guardian's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

