



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

Temperature: \_\_\_\_\_

**(Note: Temperature will be taken by the pharmacy staff on the clinic date.)**

### **COVID-19 Screening Checklist**

All individuals seeking biometric screenings must answer the following questions:

1. Have you traveled out-of-state in the last 14 days? (China, Iran, South Korea, Italy, Japan, US?) **Y / N**
2. Have you had contact with anyone with confirmed COVID-19 in the last 14 days? **Y / N**
3. Have you had any of these symptoms in the last 14 days?
  - Fever greater than 100 F **Y / N**
  - Difficulty breathing **Y / N**
  - Cough &,or Sore Throat **Y / N**
4. Are you currently experiencing fever over 100 F, difficulty breath or cough? **Y / N**

If you answered **YES** to ANY of these questions, we may not conduct a flu vaccination for you at this time.