



**INFECTIOUS DISEASES
TROPICAL MEDICINE
TRAVEL CLINIC**

COVID-19 QUESTIONNAIRE

1. Have you travelled outside of the U.S. or outside of your local area within the last 2-3 weeks?

Yes / No

If yes, which location and when? _____

2. Have you come into contact with out of town visitors within the last 2-3 weeks?

Yes / No

If yes, where were they visiting from? _____

3. Have you been exposed to anyone who has tested positive for COVID-19, or has been exposed to COVID-19 within the last 2-3 weeks?

Yes / No

4. Are you currently experiencing, or have you had any of the following symptoms within the last 2-3 weeks: Cough, high fever, difficulty in breathing or shortness of breath?

Yes / No

Print Name: _____

Date: _____

Signature: _____