

**PRE-SCREENING HEALTH SURVEY FOR EMPLOYEES AND VISITORS ENTERING
STATE OF VERMONT FACILITIES DURING COVID-19 PANDEMIC**

In the past 14 days have you had close contact with a person confirmed to have COVID-19?	Yes No
Today or in the past 24 hours have you had any of the following symptoms?	
Cough	Yes No
Shortness of Breath or Difficulty Breathing	Yes No
Fever (> 100.4°F / 38°C) or felt feverish	Yes No
Chills	Yes No
Muscle Pain	Yes No
Sore Throat	Yes No
New loss of taste or smell	Yes No

Source: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>