### CDC FACILITIES COVID-19 SCREENING

Accessible version available at [https://www.cdc.gov/screening/](https://www.cdc.gov/screening/)

### PLEASE READ EACH QUESTION CAREFULLY

Have you experienced any of the following symptoms in the past 48 hours:
- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

### PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Are you currently waiting on the results of a COVID-19 test?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

### Did you answer NO to ALL QUESTIONS?

Access to CDC facilities **APPROVED**. Please show this to security at the facility entrance. Thank you for helping us protect you and others during this time.

### Did you answer YES to ANY QUESTION?

Access to CDC facilities **NOT APPROVED**. Please see Page 2 for further instructions. Thank you for helping us protect you and others during this time.