

OBAP COVID-19 ACE SCREENING



<p>1. Have you or anyone in your household experienced any of the following symptoms in the past 48 hours:</p> <ul style="list-style-type: none"> • fever or chills • cough • shortness of breath or difficulty breathing • fatigue • muscle or body aches • new loss of taste or smell • sore throat • congestion or runny nose • nausea or vomiting • diarrhea 	<p>PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU</p>	
<p>2. Are you isolating or quarantining because you tested positive for COVID-19 or are worried that you may be sick with COVID-19?</p>	<p>Yes</p>	<p>No</p>
<p>If you have concerns about being exposed to or sick with COVID-19, please stay home and self-quarantine or isolate. Read more about when you should be in isolation or quarantine (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html).</p>		
<p>3. Have you or anyone in your household been in close contact in the last 14 days with someone who was suspected or confirmed to have COVID-19?</p>	<p>Yes</p>	<p>No</p>
<p>4. Have you been tested for COVID-19 in the past 24 hours or waiting on the results of a COVID-19 test?</p>	<p>Yes</p>	<p>No</p>
<p>If you have been in close contact with someone with COVID-19, you should stay home and self-quarantine for 14 days before returning to a CDC facility. Read more about when you should be in isolation or quarantine (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html).</p>		
<p>5. Have you traveled internationally in the past 10 days?</p>	<p>Yes</p>	<p>No</p>
<p>International travel is defined as any trip to a foreign destination outside the United States or United States territories.</p>		