



Due to the recent outbreak of COVID-19, please take a moment to fill out this questionnaire.

Patient Name: _____ Date of birth: _____

1. Have you been outside of the country, state, on a cruise ship or plane in the last 30 days? Yes or No

If yes, where EXACTLY: _____ How: _____

2. Have you been around anyone that has been outside of the country, state, on a cruise ship or plane in the last 30 days? Yes or No

If yes, where EXACTLY: _____ How: _____

3. Have you been to Washington, New York or California specifically? Yes or No

If yes, where: _____

4. Have you had any flu like symptoms in the last 14 days? Yes or No

If yes, what symptoms? _____

5. Have you been around anyone that has had any flu like symptoms in the last 14 days? Yes or No

If yes, what symptoms? _____

ALCC USE ONLY	
Employee Signature:	Date: