



Name: _____

Temperature: _____

(Note: Temperature will be taken by the pharmacy staff on the clinic date.)

COVID-19 Screening Checklist

1. Have you traveled out-of-state in the last 14 days?
(China, Iran, South Korea, Italy, Japan, US?)

Yes No

2. Have you had contact with anyone with confirmed COVID-19 in the last 14 days?

Yes No

3. Have you had any of these symptoms in the last 14 days?

- Fever greater than 100 F

Yes No

- Difficulty breathing

Yes No

- Cough &,or Sore Throat

Yes No

4. Are you currently experiencing fever over 100 F, difficulty breath or cough?

Yes No

Based on your responses, our flu team will determine if you are eligible for a flu vaccination at this time.