



Richland County Health Department COVID-19 Health Screening Checklist

Name:

Date:

Time:

Telephone:

Have you traveled out of state in the last 14 days? Yes No

Has anyone in your household traveled out of state in the past 14 days? Yes No

Have you been exposed to someone with COVID-19 or under a current contact tracing investigation for COVID-19 in the last 14 days? Yes No

Do you have any of the following symptoms?

Temperature of greater than 100.4?	Yes No
Are you currently using fever reducing medication?	Yes No
COVID-19 Symptoms? (New dry cough, shortness of breath)	Yes No
Other new symptoms (chills, runny/stuffy nose, sore throat, diarrhea)?	Yes No
Comments:	

Signature: