Orpheus Hellenic Folklore Society

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

- Fever of 99.5 or higher
- Persistent cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle or body aches
- Sore throat
- Diarrhea
- Conjuntivitis (pink eye)
- Abdominal Cramps
- Muscle/Joint Aches
- Loss of taste or smell
- Congestion or runny nose
- Headache
- Nausea or vomiting
- Fatigue

Screening Questions

• Have you or has anyone that you live with had any known contact with a laboratory-confirmed COVID-19 case the last 14 days?

• Have you had close or sustained contact with anyone who is sick or exhibited the above symptoms within the last 14 days?

• Have you or someone you have been in contact with been diagnosed with COVID-19 the last 14 days?

• Has a medical professional (or health authority) advised you or anyone you have been in close contact with to self-quarantine?

• Are you or someone you have been in close contact with currently awaiting test results for COVID-19?