1. Have you felt like you had a fever in the past day?  

   Question #1: YES □  NO □

2. Do you have a new or worsening cough?  

   Question #2: YES □  NO □

3. Do you have any of these symptoms?  

   - Shortness of breath or difficulty breathing
   - Fatigue
   - Muscle of body aches
   - Headache
   - New loss of taste or smell
   - Sore throat
   - Congestion or runny nose
   - Nausea or vomiting
   - Diarrhea

   Question #3: YES □  NO □

4. Have you been advised to self quarantine?  

   Question #4: YES □  NO □

5. Do you understand that if you have any of the following conditions you are at increased risk for serious illness from COVID-19? YOU MUST ANSWER YES TO RECEIVE CARE.

   - Chronic kidney disease
   - COPD
   - Immunocompromised state
   - Obesity
   - Serious heart conditions such as heart failure, coronary artery disease, or cardiomyopathies
   - Sickle cell disease
   - Type 2 diabetes mellitus

   If you do not understand the statement above, please consult a healthcare professional prior to attending a RAM Clinic.