ADMIT ONE

ADMITONE	
Name: Date:	
HOW DO YOU FEEL TODAY?	
$(\overset{\bullet}{\sim})$	
1. Do you have any of the following symptoms that cannot be explained by a chronic condition? YES / NO	
u u	Body aches
· ·	Diarrhea Shortness of breath
2. Have you been in close contact with someone having COVID-19 or traveled	to a high risk area? YES / NO
If you answered YES to any of these questions, please stay home.	
ADMITONE	
Name: Date: HOW DO YOU FEEL TODAY?	
1. Do you have any of the following symptoms that cannot be explained by a Cough Fever Chills	chronic condition? YES / NO Body aches
Sore throat Headache Fatigue	Diarrhea
Runny or stuffy nose Nausea or vomiting Loss of taste or smell	
2. Have you been in close contact with someone having COVID-19 or traveled to a high risk area? YES / NO If you answered YES to any of these questions, please stay home.	
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