

# THRIVE DAILY SCREENING SURVEY

Today's Date: \_\_\_\_\_

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

## SYMPTOMS

1. Check if you have these symptoms:

<input type="checkbox"/> Congestion or Runny Nose	<input type="checkbox"/> Chills	<input type="checkbox"/> Rigors (shivers)
<input type="checkbox"/> Myalgia (muscle aches)	<input type="checkbox"/> Headache	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Nausea or Vomiting	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Fever (less than 100.4° F measured and verified)		

2. Did you check **TWO OR MORE** in question 1?

<input type="checkbox"/> <b>Yes</b> – You are NOT CLEARED TO COME IN TODAY	<input type="checkbox"/> <b>No</b> – GO TO QUESTION 3
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3. Check if you have any of these symptoms:

<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Difficulty breathing
<input type="checkbox"/> New loss of smell	<input type="checkbox"/> New loss of taste	

4. Did you check **ONE** in Question 3?

<input type="checkbox"/> <b>Yes</b> – You are NOT CLEARED TO COME IN TODAY	<input type="checkbox"/> <b>No</b> – Complete the next section.
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## CLOSE CONTACT/POTENTIAL EXPOSURE

These questions apply to individuals who are **not** fully vaccinated.

5. Did you have close contact (**within 6 feet of an infected person for at least 15 minutes within a 24- hour period**) with a person with confirmed COVID – 19?

<input type="checkbox"/> <b>Yes</b> – You are NOT CLEARED TO COME IN TODAY (* see note)	<input type="checkbox"/> <b>No</b> – GO TO QUESTION 6.
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6. Is someone in your household diagnosed with COVID – 19?

<input type="checkbox"/> <b>Yes</b> – You are NOT CLEARED TO COME IN TODAY (* see note)	<input type="checkbox"/> <b>No</b> – GO TO QUESTION 7.
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7. Did you travel to an area out of state other than New York, Connecticut, Pennsylvania, or Delaware?

<input type="checkbox"/> <b>Yes</b> – You are NOT CLEARED TO COME IN TODAY (* see note)	<input type="checkbox"/> <b>No</b> – See you soon!
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**\*PLEASE NOTE:** If you have been in close contact with someone diagnosed with Covid-19 and are **fully vaccinated, including one booster**, you may come to Thrive if you do not have symptoms. However, you need to test five days after the first exposure.

Person completing the form: \_\_\_\_\_