

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"/> Yes – You are NOT CLEARED TO COME IN TODAY | <input type="checkbox"/> No – GO TO QUESTION 3 |
|--|---|

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"/> Yes – You are NOT CLEARED TO COME IN TODAY | <input type="checkbox"/> No – Complete the next section. |
|--|---|

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"/> Yes – You are NOT CLEARED TO COME IN TODAY – | <input type="checkbox"/> No – GO TO QUESTION 6. |
|--|--|

6. Is someone in your household diagnosed with COVID – 19?

| | |
|--|--|
| <input type="checkbox"/> Yes – You are NOT CLEARED TO COME IN TODAY | <input type="checkbox"/> No – GO TO QUESTION 7. |
|--|--|

7. Did you travel to an area out of state other than New York, Connecticut, Pennsylvania, or Delaware?

| | |
|---|---|
| <input type="checkbox"/> Yes – You are NOT CLEARED TO COME IN TODAY – Turn this survey into the Receptionist now. | <input type="checkbox"/> No – You are welcome to attend the program today. |
|---|---|

Person completing the form: _____