COVID-19

Responsible Restart Ohio

ALLEN COUNTY PUBLIC HEALTH
Allen County Combined Health District

Health Screening

COVID-19 Questionnaire

(administered verbally)

	YES	NO
Are you experiencing the following symptoms? • **Fever or Chills** • **Cough** • **Shortness of breath or difficulty breathing** • **Fatigue** • **Muscle or body aches** • **Headache** • **New loss of taste or smell** • **Sore throat** • **Congestion or runny nose** • **Nausea or vomiting** • **Diarrhea**		
Have you been in contact with someone known or presumed to have COVID-19 within the past 14 days?		

We are sorry, but those who answer "yes" to either of these questions cannot enter or receive services right now. Please come back another time.

#RESPONSIBLE RESTART Ohio

Thank you for your cooperation.

#IN THIS TOGETHER Ohio