



Health Screening Questionnaire

COVID-19 Health Screening Questions to be completed at home prior to attending any NCBA activity. This form does NOT need to be submitted.

You should remain at home if **ANY** of the responses are “YES.”

YES or NO, since your last NCBA event have you had any of the following symptoms?	Yes	No
Feeling feverish and/or having chills –documented temperature of 100.4°F or higher?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any use of fever reducing medication within the last 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>
A new cough that is not due to another health condition?	<input type="checkbox"/>	<input type="checkbox"/>
Nasal congestion or runny nose	<input type="checkbox"/>	<input type="checkbox"/>
New shortness of breath or difficulty breathing that is not due to another health condition?	<input type="checkbox"/>	<input type="checkbox"/>
New chills that are not due to another health condition?	<input type="checkbox"/>	<input type="checkbox"/>
A new sore throat that is not due to another health condition?	<input type="checkbox"/>	<input type="checkbox"/>
New muscle aches that are not due to another health condition, or that may have been caused by a specific activity (such as physical exercise)?	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue (more tired than usual)?	<input type="checkbox"/>	<input type="checkbox"/>
Headache?	<input type="checkbox"/>	<input type="checkbox"/>
A new loss of taste or smell?	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal pain, diarrhea, nausea or vomiting?	<input type="checkbox"/>	<input type="checkbox"/>
New onset of poor appetite or poor feeding?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a positive test for the virus that causes COVID-19 disease within the past 10 days?	<input type="checkbox"/>	<input type="checkbox"/>
Were you currently tested for COVID-19 because you were sick and are still waiting for the lab results?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 14 days, have you had close contact (within about 6 feet for 15 minutes or more) with someone with suspected or confirmed COVID-19? Persons who have been fully vaccinated and are identified as a close contact to a COVID case do NOT need to quarantine if they meet the following criteria: <ul style="list-style-type: none"> ○ Fully vaccinated ○ ≥14 days since last dose ○ Asymptomatic 	<input type="checkbox"/>	<input type="checkbox"/>