

Soo Finnish Nordic COVID Screening Paper Form 2020

1) Have you experienced a fever of 38.0 C or greater in the past 10 days?

Yes No

2) Have you received a positive result from a COVID-19 test within the past 14 days?

Yes No

3) In the past 14 days, have you been in close contact with anyone that has or had symptoms of COVID-19 that required you to quarantine?

Yes No

4) In the past 14 days, have you or someone you have been in close contact with traveled to an area that required quarantine upon return?

Yes No

5) In the past 14 days, have you experienced any of the following new symptoms not attributed to another health condition?

SYMPTOM:	YES	NO
Cough		
Loss of smell or taste		
Runny nose/stuffy nose/nasal congestion		
Shortness of breath/Difficulty breathing		
Sore throat		
Difficulty swallowing		
Headache		
Nausea, vomiting, diarrhea, abdominal pain		
Chills		
Extreme tiredness that is unusual or muscle aches		
None of the above		

If you answered 'yes' to any of the questions, do not attend this session.
Go home, self-isolate and contact a doctor or health care provider for further advice/assessment including whether a COVID-19 test is warranted.