

COVID Self-Screen

ANSWER FOR EVERYONE IN VEHICLE the DAY OF FLU CLINIC/EDS

Check ALL that APPLY

IF ANY CHECKED YES – DO NOT ATTEND FLU CLINIC!

Today or within the last 24 hours have you experienced:	YES	NO
Fever or chills (100.4° Fahrenheit or higher, shaking chills)		
Cough (not due to other known cause, such as chronic cough)		
Shortness of breath/difficulty breathing		
Fatigue when in combination with other symptoms		
Muscle or body aches		
Headache when in combination with other symptoms		
New loss of taste or smell		
Sore throat		
Congestion or runny nose		
Nausea or vomiting		
Diarrhea		
Any other illness? not due to other known cause		
Have you had close contact to a person with active COVID in the last two weeks?		
Have you travelled to MA in the last two weeks from a place requiring self-quarantine?		

FLU VACCINE SCREEN ALL AGES	YES	NO	Don't Know
Do you have a known allergy to any component of the flu vaccine? <i>eggs, latex or thimerosal</i>			
Have you had a severe reaction to vaccine in your past?			
Have you ever had Guillain-Barré Syndrome?			

COMPLETE ADDITIONAL FLU SCREEN IF NASAL MIST IS PREFERRED FOR YOUR CHILD

(Ages 2 – 18 years ONLY at this clinic)

I attest for myself and all others in this vehicle.

Printed name: _____ Signature: _____