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## COVID QUESTIONNAIRE

1. Do you have any of these symptoms that are not caused by another condition?
  - Fever or chills
  - Shortness of breath or difficulty breathing
  - Muscle or body aches
  - Recent loss of taste or smell
  - Congestion
  - Diarrhea
  - Cough
  - Fatigue
  - Headache
  - Sore throat
  - Nausea or vomiting
2. Within the past 14 days, have you been in close contact with anyone that you know had COVID-19 or COVID-like symptoms? Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person; or having direct contact with fluids from a person with COVID-19 with or without wearing a mask (i.e., being coughed or sneezed on).
3. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?
4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?