COVID-19 Symptom Check

I am deaf or hard of hearing. I am using this card to communicate.
I may need a certified sign language interpreter, captioning or other ways to communicate.
I have circled the best ways to communicate with you.

Quick Communication

- YES
- NO
- DON'T KNOW

THIS IS MY LEVEL OF PAIN:

- No Pain
- Mild Pain
- Moderate Pain
- Severe Pain
- Very Severe Pain
- Worst Possible Pain

THESE ARE MY SYMPTOMS:

- Fever
- Cough
- Shortness of Breath
- Sore Throat
- Lost Sense of Taste/Smell
- Muscle Aches
- Chills
- Headache

OTHER SYMPTOMS I HAVE: ______________________________________________

I HAVE HAD SYMPTOMS THIS MANY DAYS:

1  2  3  4  5  6  7  8  9  10  11  12  13  14

I HAVE HAD CLOSE CONTACT WITH SOMEONE (within 6 feet) WHO HAS COVID-19:

- Yes
- No
- Unsure