



## Wellness Screening Colorado State Emergency Operations Center (SEOC)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Purpose at VRA: \_\_\_\_\_

Do you have a fever 100.4 F or above?    Yes: \_\_\_\_\_    No: \_\_\_\_\_

Temperature Reading: \_\_\_\_\_

*If you have a fever over 100.4 F **STAY HOME** until you are fever-free (without medication) for 72 hours and 10 days have passed since your first symptom unless you have a clear alternative diagnosis from a medical provider.*

Do you have any of the following symptoms (circle yes or no)?

- |       |                                             |
|-------|---------------------------------------------|
| Y / N | Cough                                       |
| Y / N | Shortness of breath or difficulty breathing |
| Y / N | Chills                                      |
| Y / N | Muscle aches                                |
| Y / N | Sore throat                                 |
| Y / N | New loss of taste or smell                  |

*If you circled "Y" for any of the symptoms **STAY HOME**.*

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Signature