

COVID-19 Questionnaire



INTERNATIONAL

A division of Morgan White Group

Questions

1. In the last 3 months have you:		
a. Resulted positive for COVID-19?	Yes	No
b. Self-isolated with symptoms based on medical advice?	Yes	No
c. If so, when was this?		
2. In the last month:		
a. Was advised to self-isolate due to COVID-19 (excluding mandatory government orders to stay home)?	Yes	No
b. Had a persistent cough, fever, elevated temperature, or had contact with an individual suspected or confirmed to have COVID-19?	Yes	No
3. If you answered affirmative to questions 1 or 2:		
a. Have you fully recovered and returned to normal activities?	Yes	No
b. If so, when was this?		

Signature _____ Date _____ / _____ / _____
Day Month Year