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QCI Healthcare Covid 19 Symptom Questioner

1. Have you traveled to any of these locations in the last 14 days?

China	YES	NO
Iran	YES	NO
South Korea	YES	NO
Italy	YES	NO
Japan	YES	NO

2. Have you had contact with anyone with confirmed COVID-19 in the last 14 days?

YES NO

3. Have you had any of these symptoms in the last 14 days?

Fever greater than 100	YES	NO
Difficulty breathing (Shortness of breath)	YES	NO
Cough	YES	NO
Weakness	YES	NO

4. Are you currently experiencing fever over 100, difficulty breathing or cough?

YES NO

Please complete this form WEEKLY and send it with your time slips to QCI Healthcare at payroll@qcihealthcare.com OR if you have any changes in your health.

If at any time you answer yes to any of these questions, please contact QCI Healthcare via telephone at 616-365-9290

Name: _____ Signature: _____ Date: _____