

Have you had a fever or temperature higher than 38oC in the last 3 days?

Yes No

Have you had a cough in the last few days?

Yes No

Has your chest hurt recently?

Yes No

Have you had a sore throat or runny nose in the past few days?

Yes No

Have you been short of breath or have you had trouble breathing?

Yes No

Have you been feeling more fatigued than usual lately?

Yes No

Have you recently noticed a decrease in the smell or taste of food?

Yes No

Have you had abdominal pain, nausea, vomiting, or diarrhea lately?

Yes No

Have you had joint or muscle pain recently?

Yes No

Have you been with someone diagnosed or suspected of COVID-19?

Yes No

Do you have a physical reason right now that is preventing you from exercising?

Yes No