

# COVID-19 Self Screening

## IN THE PAST 48 HOURS, HAVE YOU HAD ANY OF THESE SYMPTOMS?

- Fever or chill?
- Cough?
- Shortness of breath or difficulty breathing?
- Fatigue?
- Muscle or body aches?
- Headache?
- New loss of taste or smell?
- Sore throat?
- Congestion or runny nose?
- Nausea or vomiting?
- Diarrhea?



**If you answered “YES” to any of the above,**  
[Fill in locally] [please wear a mask and contact your care team].

VA



U.S. Department  
of Veterans Affairs