



TOUCHSTONE THEATRE

Theatre that Transforms

COVID-19 SELF ASSESSMENT QUESTIONNAIRE

1.) Are you feeling well today?

2.) In the past 24 hours, have you experienced any of these symptoms?

Fever or chills

Cough

Shortness of breath

Difficulty breathing

Fatigue

Muscle or body aches

Headache

New loss of taste or smell

Sore throat

Congestion or runny nose

Nausea or vomiting

Diarrhea

3.) Was your temperature today above 100 degree Fahrenheit or 37.8 degrees centigrade?

4.) In the past 14 days, have you had close contact with a person who is known to have or is suspected of having COVID-19?

5.) In the past 14 days, have you tested positive or been diagnosed with COVID-19?

6.) Do any of the following indications for quarantine apply to you in the past 14 days?

NOTE: A person is quarantined because that person might have been exposed to COVID-19 and needs to stay away from others to help prevent the spread of the disease.

Possible exposure to COVID-19:

Arrived from international travel

Arrived from states identified by PA Dept. of Health