

UW Medicine HMC Novel Coronavirus 2019 Healthcare Worker Screening

Question 5.

What is your temperature?

Required.

Question 6.

Do you have any of the following symptoms or signs of infection?

Required. Select one or more answers.

- ☐ Fever
- ☐ Cough
- ☐ Difficulty breathing
- ☐ Sore throat
- ☐ Fatigue/malaise
- ☐ Headache
- ☐ Muscle aches/pain
- ☐ Nausea/vomiting
- ☐ Diarrhea
- ☐ None
- ☐ Other:

If you checked any of the above boxes with symptoms, please contact the Employee Health RN or the Infection Control ICP on-call immediately.