Flagler County
Free Clinic

If YES to 3 or more of the following 11 questions - contact clinician

In the past 3 days, have you experienced:

- **Fever: Yes☐ No☐**
- **Fatigue: Yes☐ No☐**
- **Cough: Yes☐ No☐**
- **Sneezing: Yes☐ No☐**
- **Aches and Pains: Yes☐ No☐**
- **Runny or Stuffy Nose: Yes☐ No☐**
- **Sore throat: Yes☐ No☐**
- **Diarrhea: Yes☐ No☐**
- **Headaches: Yes☐ No☐**
- **Shortness of breath: Yes☐ No☐**
- **Loss of taste or smell: Yes☐ No☐**

If Yes to either of the next 2 questions - call clinician

- **Have you recently been in close contact with anyone who has exhibited any symptoms? Yes☐ No☐**
- **Have you recently been in contact with anyone who has tested positive for COVID-19? Yes☐ No☐**
- **Have you been vaccinated for COVID-19? Yes☐ No☐**