



Health Screening Questions for Use With Customers

(Administered verbally by employee)

	YES	NO
Are you experiencing the following symptoms? <ul style="list-style-type: none">• Cough• Shortness of breath or difficulty breathing• Fever• Chills• Muscle pain• Sore throat• New loss of taste or smell		
Have you been in contact with someone known or presumed to have COVID-19 within the past 14 days?		

We are sorry, but customers who answer “yes” to either of these questions cannot receive services right now. Please come back another time.



MIKE DEWINE
GOVERNOR OF OHIO



Department
of Health