Nehemiah Gateway
Community Development Corporation

**Name:** ____________________ **Date:** ____________

# NGCDC Tax Site COVID-19 SCREENING

| PLEASE READ EACH QUESTION CAREFULLY | PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU | |
|---|---|---|
| Have you experienced any of the following symptoms in the past 48 hours:<br>• fever or chills<br>• cough<br>• shortness of breath or difficulty breathing.<br>• fatigue<br>• muscle or body aches<br>• headache<br>• new loss of taste or smell<br>• sore throat<br>• congestion or runny nose<br>• nausea or vomiting<br>• diarrhea | **YES** | **NO** |
| Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:<br>• Anyone who is known to have laboratory-confirmed COVID-19? OR<br>• Anyone who has any symptoms consistent with COVID-19? | **YES** | **NO** |
| Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19? | **YES** | **NO** |
| Are you currently waiting on the results of a COVID-19 test? | **YES** | **NO** |

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|---|---|
| Did you answer **NO** to **ALL QUESTIONS**? | Access to NGCDC Tax Sites **APPROVED**. Please give completed form to Tax Site volunteers. Thank you for helping us protect you and others during this time. |
| Did you answer **YES** to **ANY QUESTION**? | Access to NGCDC Tax Sites **NOT APPROVED**. Please do NOT enter or LEAVE any NGCDC Tax Sites. Thank you for helping us protect you and others during this time. |