Criteria to guide Persons under risk for COVID-19 (Corona virus)

1. Have you had a fever and/or signs of lower respiratory illness? (e.g. cough or shortness of breath?)  yes_______ no_______
2. Have you had close contact with a laboratory confirmed case COVID-19 patient within 14 days of symptom onset? yes______ no______ don’t know_______
3. Have you traveled to any of the following locations? (China, Iran, Italy, Japan or South Korea? yes_______ no_______
4. Have you resided in or visited any of the following lower Westchester locations within the past 14 days? (New Rochelle, Mount Vernon, Yonkers, Other?) yes_________ no________

If the individual answers yes to any question please refer them to Damian Family Care Center on 140th and Third Avenue for evaluation. 718-292-0900.