



The Cathedral Domain

Covid 19 Self Assessment Form



Date	Fever greater than 100* F		Cough		Shortness of Breath		Chills		Muscle Pain		Sore Throat		New loss of taste or smell		Gastrointestinal symptoms (vomiting, Diarrhea, etc...)	
__/__/__	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
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