

GTSC COVID-19 Daily Symptom Screening Tool

Anyone answering “YES” to the symptoms below should immediately be instructed to call the local COVID-19 Munson hotline for testing instructions, or contact their personal health care provider.

- Name:
- Email:
- Phone:
- Have you experienced any COVID-19 symptoms in the last 24hrs (e.g. cough, shortness of breath, fever, chills, muscle pain, headache, sore throat, new loss of taste of smell, vomiting, nausea, diarrhea)?
 - If Yes - Please select all symptoms experienced
 - cough
 - shortness of breath
 - fever
 - chills
 - muscle pain
 - headache
 - sore throat
 - new loss of taste of smell
 - diarrhea
 - nausea
 - vomiting
 - other: _____

Have you had contact with anyone displaying the above symptoms in the last 14 days or tested positive for COVID-19? YES NO

If you answer yes to any of the above questions please call the Munson Medical Center Covid Hotline for guidance 231-935-0951 M-W 7AM-5PM.