



Corum Human Services

Lending a beacon of light and hope to all individuals with disabilities and special needs.

433 Lilys Way • Winchester, Virginia 22602

COVID-19 Prescreen

APPLICANT NAME: _____

DATE: _____

PHONE NUMBER: _____

EMAIL: _____

In the last 2 weeks, have you had any of the following?

- ☐ Fever 100 degrees or higher without the use of fever reducing medication
- ☐ Shortness of breath
- ☐ Cough
- ☐ Chills
- ☐ Muscle pain
- ☐ Headache
- ☐ Sore throat
- ☐ New loss of taste or smell

- Are you ill, or caring for someone who is ill? ☐ No ☐ Yes, explain:

- Do you have a sick family member at home with COVID-19 or with COVID-19 symptoms? ☐ No ☐ Yes, explain:

- In the last two weeks have you:
 - ☐ Had contact with someone diagnosed with COVID-19? ☐ No ☐ Yes, explain:

 - ☐ Live in or visit a place where COVID-19 is spreading? ☐ No ☐ Yes, explain: