DUPAGE COUNTY HEALTH DEPARTMENT

Everyone, Everywhere, Everyday

Health Screening Form

Client Name: _____

1. Do you have a fever over 100.4 degrees F? Y N
2. Do you have an acute respiratory cough? Y N
3. Do you have any other symptoms? Y N

   If yes, what other symptoms do you have?

   _____

   _____

   _____

   _____

If you answered yes to any of these questions:

- You are instructed to go home
- You are instructed to isolate and
- You are instructed to call your Primary Care Physician for follow-up

Anyone who refuses to answer these questions or participate in this MANDATORY health screening will be unable to receive services and asked to leave the building.

By signing this form, I attest that the answers I provided are accurate and true at the time of my dated signature.

_____ _____

Client Signature Date

_____ _____

Witness Signature Date