

COVID-19 Self Screening

**In the past 48 hours,
have you had any of
these symptoms?**

- Fever or chill?
- Cough?
- Shortness of breath or difficulty breathing?
- Fatigue?
- Muscle or body aches?
- Headache?
- New loss of taste or smell?
- Sore throat?
- Congestion or runny nose?
- Nausea or vomiting?
- Diarrhea?

**If you answered “YES” to any of the above,
Please contact your care team.**

VA



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