JW Sample COVID-19 Screening form ☆ 🗀

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fx | Submission Date

Submission Date	First	Last	Primary Phone Number	Email	Please answer the following: >> Do you have a fever or above normal temperature?	Please answer the following: >> Have you experienced shortness of breathe or had trouble breathing?	Please answer the following: >> Do you have a dry cough?	Please answer the following: >> Do you have a runny nose?
2020-05-06 10:38:33	Shelly	Rager	(909) 7724132	shelly@jellywebsites.com	NO	NO	NO	NO
2020-05-06 12:11:23	jennifer	clasen	(951) 2064908	jennifer@jellywebsites.com	NO	NO	NO	NO