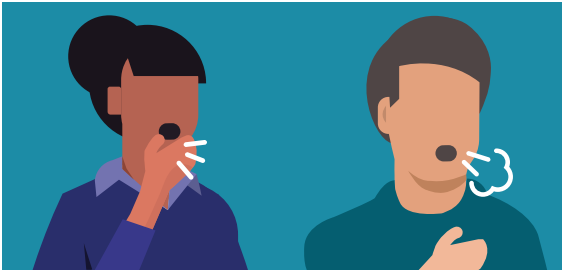


COVID-19 SYMPTOM CHECKER

I have (symptoms):



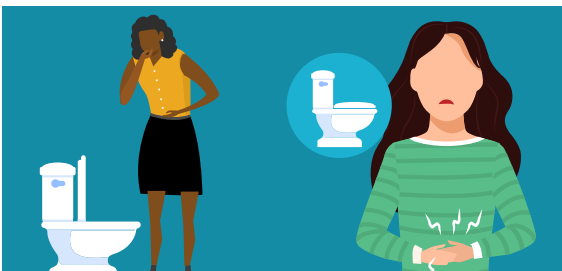
Cough, shortness of breath or difficulty breathing

YES NO



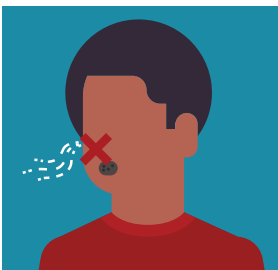
Fever or Chills

YES NO



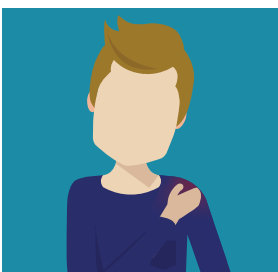
Vomiting or diarrhea

YES NO



New loss of taste or smell

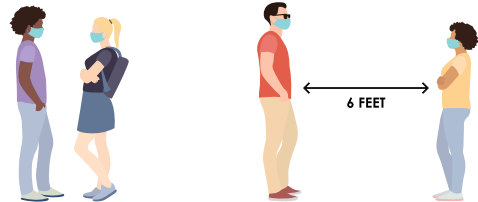
YES NO



Muscle or body aches

YES NO

Have you been exposed to anyone who has COVID or have you been diagnosed?

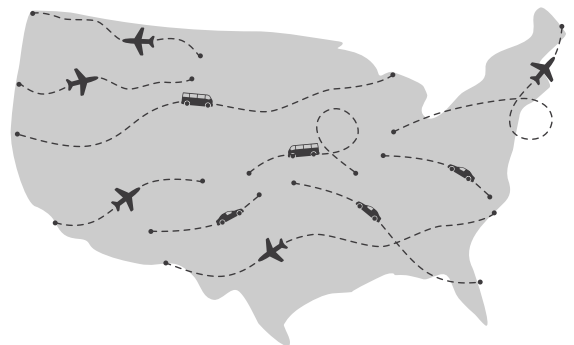


YES

NO

Have you traveled outside NYS in the past two weeks?

YES NO



We will take your temperature



*"Symptom" icons by CDC, from [cdc.gov](https://www.cdc.gov).