TAX PREPARATION: COVID-19 SCREENING QUESTIONS

- Do you have a fever or above normal temperature? __ YES __ NO
- Have you experienced shortness of breath or had trouble breathing? __ YES __ NO
- Do you have a dry cough? __ YES __ NO
- Do you have a runny nose? __ YES __ NO
- Have you recently lost or had a reduction in your sense of smell? __ YES __ NO
- Do you have a sore throat? __ YES __ NO
- Have you been in contact with someone who has tested positive for COVID-19? __ YES __ NO
- Have you tested positive for COVID-19? __ YES __ NO
- Have you been tested for COVID-19 and are awaiting results? __ YES __ NO
- Have you traveled outside the US by air or cruise ship in the past 14 days? __ YES __ NO
- Have you traveled outside the US by bus or train within the past 14 days? __ YES __ NO

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