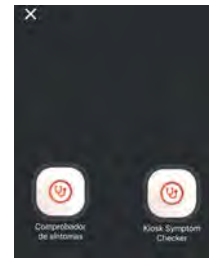


# Taking the Symptom Checker on Kiosk

1. Select the English or Spanish version of the Symptom Checker.
2. Answer the five (5) Symptom Checker questions with a **Yes** or **No** and then **Next**.



**Kiosk Symptom Checker**  
Question 1 of 7

Have you had any known close contact with a person confirmed or suspected to have COVID-19 in the past 14 days?

PLEASE SELECT ONE

Yes

No

Next

**Kiosk Symptom Checker**  
Question 2 of 7

Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

PLEASE SELECT ONE

Yes

No

Next

**Kiosk Symptom Checker**  
Question 3 of 7

Have you traveled within a state with significant community spread of COVID-19 for longer than 24 hours within the past 14 days?

PLEASE SELECT ONE

Yes

No

Next

**Kiosk Symptom Checker**  
Question 4 of 7

Do you have a temperature greater than or equal to 100 degrees Fahrenheit? NOTE Screeners are prohibited from recording employee health data eg temperatures.

PLEASE SELECT ONE

Yes

No

Next

**Kiosk Symptom Checker**  
Question 5 of 7

Do you have any of the following SYMPTOMS (New or Worsening)? Cough, Shortness of Breath, Troubled Breathing, Fever, Chills, Muscle Pain, Headache, Sore Throat, New Loss of Taste, and/or New Loss of Smell.

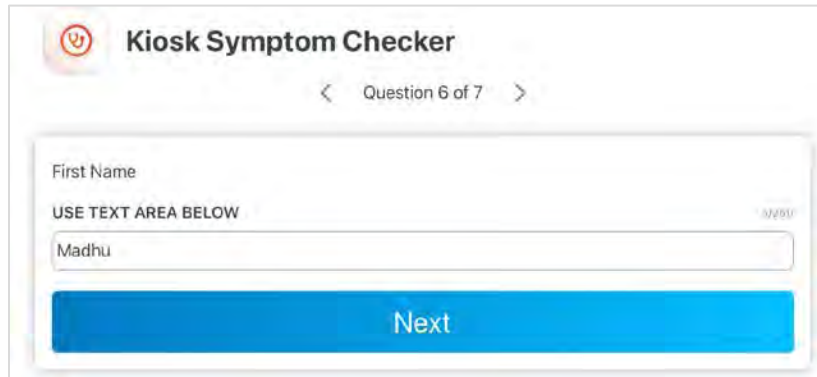
PLEASE SELECT ONE

Yes

No

Next

3. Enter in your first name then click **Next**.



**Kiosk Symptom Checker**

< Question 6 of 7 >

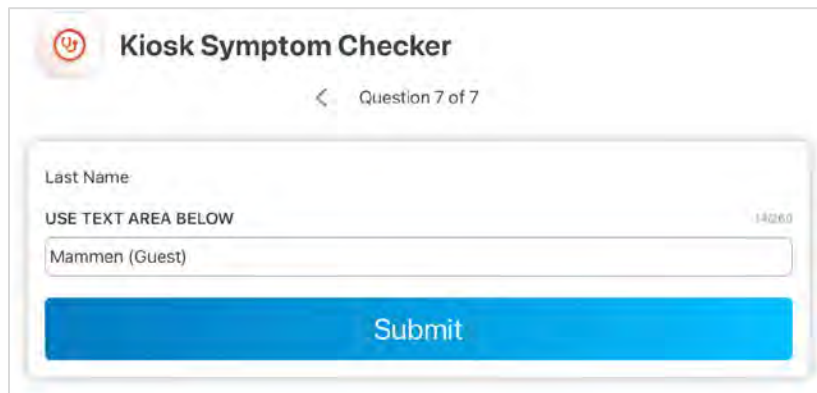
First Name

USE TEXT AREA BELOW

Madhu

Next

4. Enter in your last name then click **Next**.



**Kiosk Symptom Checker**

< Question 7 of 7

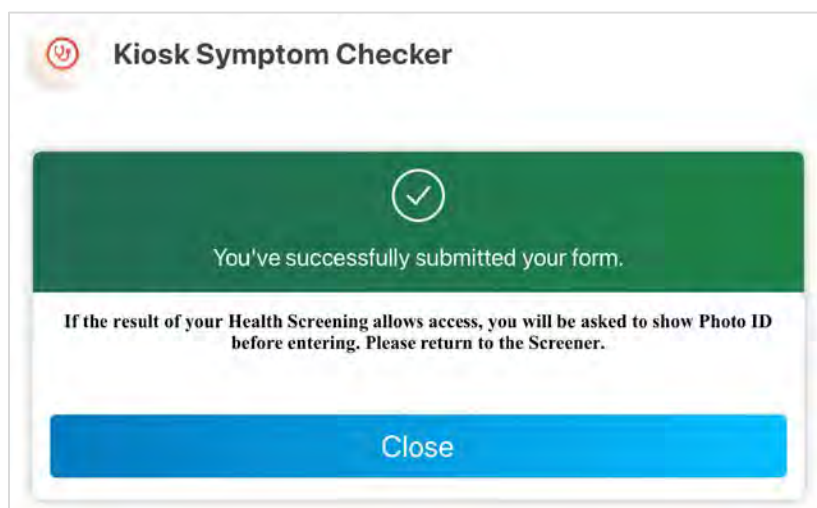
Last Name

USE TEXT AREA BELOW

Mammen (Guest)

Submit

5. You will see the successfully submitted form message, click **Close**.



**Kiosk Symptom Checker**

You've successfully submitted your form.

If the result of your Health Screening allows access, you will be asked to show Photo ID before entering. Please return to the Screener.

Close