

* Required

COVID Exposure History

22. Were you exposed to a person with COVID-19? *

☐ Yes

☒ No

23. Did you visit any health worker, hospital, clinic or nursing home for the past 30 days? *

☐ Yes

☒ No

24. Did you visit any zoo, poultry farm, animal market or slaughter house in the past 14 days? *

☐ Yes

☒ No