

FLU VACCINE CLINIC QUESTIONNAIRE	NO	YES
Do you feel like you have a fever, or have you checked your temperature to see if you have a fever (100°F or higher)?		
Have you felt like you've had a fever in the past day?		
Have you been experiencing any shortness of breath or difficult breathing?		
Do you have a new or worsening cough?		
Do you have a sore throat?		
Have you traveled outside of Massachusetts or country in the past 14 days to a state other than Connecticut, New York, Maine, New Jersey, New Hampshire, Vermont Connecticut, Colorado, Delaware, Pennsylvania, or West Virginia two weeks prior to the flu clinic?		
Have you had close contact with a person diagnosed with COVID-19 in the past 14 days?		
Have you received a positive test result for COVID-19?		
Are you waiting to receive results of a COVID-19 test?		