



**COVID-19 Screening -- Gloucester County Sheriff's Office -- Sheriff Sales**

Name \_\_\_\_\_

Date \_\_\_\_\_

Please complete this short self-check to participate *in-person* at our scheduled Sheriff's Office Public Auction this day.

**Section 1: Symptoms**

Any of the symptoms below could indicate a COVID-19 infection and may put you at risk for spreading illness to others. Please note that this list does not include all possible symptoms and individuals with COVID-19 may experience any, all, or none of these symptoms.

**Column A**

<input type="checkbox"/>	Fever (measured or subjective)
<input type="checkbox"/>	Chills
<input type="checkbox"/>	Rigors (shivers)
<input type="checkbox"/>	Myalgia (muscle aches)
<input type="checkbox"/>	Headache
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	Nausea or Vomiting
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Congestion or Runny Nose

**Column B**

<input type="checkbox"/>	Cough
<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	New Loss of Smell
<input type="checkbox"/>	New Loss of Taste
<input type="checkbox"/>	Fever of 100.4 or above

If you are sick (e.g. fever, vomiting, diarrhea) you should **not** participate *onsite/in-person* at today's Sheriff's Sales auction.

If **TWO OR MORE** of the fields in **Column A** are checked off OR **AT LEAST ONE** field in **column B** is checked off, please **stay home**.

**Section 2: Close Contact/Potential Exposure**

Please verify if:

<input type="checkbox"/>	You have had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with COVID-19
<input type="checkbox"/>	You traveled to an <a href="#">area / State of high community transmission</a> .

If **ANY** of the fields in **Section 2** are checked off, you should remain home for 14 days from the last date of exposure (if you were a close contact of a confirmed COVID-19 case) or date of return to New Jersey. Contact your Primary Care Physician or the Gloucester County Department of Health at: (856) 218 – 4136 for further guidance. .

X \_\_\_\_\_

Dated: \_\_\_\_\_

**THANK YOU FOR COMPLETING THE ABOVE SELF-ASSESSMENT!**