



Mastering Business Development, Inc.
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YOUR NAME: _____ TODAY'S DATE: _____

Please read each question carefully and mark the answer that applies. No health information or questionnaire answers will be shared with anyone outside of your organization or MBDi.

Have you experienced any of the following symptoms of COVID-19 within the last 48 hours?

• Fever or chills	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Cough	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Shortness of breath or difficulty breathing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Fatigue	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Muscle or body aches	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Headache	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• New loss of taste or smell	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Sore throat	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Congestion or runny nose	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Nausea or vomiting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• Diarrhea	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Have you tested positive for COVID-19 in the past 10 days? YES NO

Are you currently awaiting results from a COVID-19 test? YES NO

Have you been diagnosed with COVID-19 by a licensed healthcare provider (for example, a doctor, nurse, pharmacist, or other) in the past 10 days? YES NO

Have you been told that you are suspected to have COVID-19 by a licensed healthcare provider in the past 10 days? YES NO

Daily monitoring for potential COVID-19 symptoms is important to track your current health status. If you experience new symptoms, consider seeing your healthcare provider or getting a test for COVID-19, especially where you may have had potential exposures to COVID-19.

You should also monitor your health and consider consulting your primary care physician after testing positive for COVID-19.

Please contact info@MBDi.com if in the next 14 days:

- Receive a confirmed positive COVID-19 test result;
- Have been diagnosed with COVID-19 by a licensed healthcare provider;
- Have been told you are suspected to have COVID-19 by a licensed healthcare provider;
- Experience new loss of taste and/or smell with no other explanation; or
- Experience both fever ($\geq 100.4^\circ$ F) and new unexplained cough associated with shortness of breath