



CORONAVIRUS (COVID-19) HEALTH SCREENING CHECKPOINT

Before you enter this facility,
you must answer these questions:

**Are you currently sick
with any COVID-19 symptoms?**

- Fever or chills?
- New cough or difficulty breathing?
- Vomiting or diarrhea?
- Unexpected muscle or body aches?
- New loss of taste or smell?

YES
 NO

**Have you or has anyone in your household
had COVID-19 during the last 14 days?**

YES
 NO

**Have you had any contact with someone
with COVID-19 during the last 14 days?**

- Been within 6 feet of an infected person for 15 minutes or more?
- Cared for an infected person; shared eating utensils; or touched, hugged or had physical contact?

YES
 NO



If you answer **YES** to any question,
you may not enter this facility.

Please return at another time.

