

PLEASE, SELF-SCREEN PRIOR TO ENTERING



Have you had a temperature **over 100°F**, felt feverish (e.g., body aches, chills), or **used a fever reducer** in the previous 24 hours?



Have you recently been in **close contact** with someone who has been **diagnosed with COVID-19**?



Do you have a **new cough** that you cannot attribute to another health condition?



Do you have a **new or worsening sore throat** that you cannot attribute to another health condition?



Do you have **new shortness of breath** that you cannot attribute to another health condition?



Have you recently developed a **complete loss of smell or taste**?

IF YOU ANSWERED **YES** TO ANY OF THESE QUESTIONS,
PLEASE STAY HOME!