



Please read and respond to the screening questions below. If you can respond "Yes" to any question, you will not be permitted to enter the facility.

1. Have you had any of the following symptoms in the past 14 days:
 - Fever of 100.4 or higher
 - Vomiting
 - Sore throat
 - Diarrhea
 - Cough
 - New loss of taste or smell
 - Difficulty breathing
 - New onset of severe headache
2. Have you had a positive COVID-19 test in the past ten (10) days?
3. Have you been identified as a contact of a positive COVID-19 case in the past 14 days and are not fully vaccinated?
4. Have you been within six (6) feet of someone for a cumulative total of 15 minutes or more over a 24-hour period who has suspected or confirmed COVID-19 infection?
5. Are you currently awaiting results of a COVID-19 test that was taken in relation to having symptoms?