



# SCREENING QUESTIONS

*If you or a family member answers YES to at least one of the following questions, we recommend that you stay home for your own health and that of others.*

Thanks for your understanding.

*In the last 14 days, have you:*

1. Traveled internationally?
2. Been exposed to a person with suspected or confirmed COVID-19 without the correct PPE?
3. Had a temperature of than 100.4° F or higher?
4. Had new or increased shortness of breath or difficulty in breathing?
5. Had developed a cough?
6. Had at least two of the following symptoms together:
  - Chills
  - Muscle pain
  - Headache
  - Sore throat
  - A recent loss of taste or smell