

HELP STOP THE SPREAD

HEALTH SCREENING QUESTIONS

1 Have you been in close contact with a confirmed case of COVID-19?

2 Are you experiencing a cough, shortness of breath or sore throat?

3 Have you had a fever in the last 48 hours?

4 Have you had new loss of taste or smell?

5 Have you had vomiting or diarrhea in the last 24 hours?