COVID-19 Screening

All visitors entering the institution must certify that they do not have a fever, or any symptoms associated with COVID-19. If you answer “Yes” to any of the questions listed below, you will not be permitted to enter the institution.

1. Do you have a fever $\geq 100.0^\circ$ Fahrenheit, or are you feeling feverish?

2. Do you have any of the following symptoms of COVID-19?
   a. Fever
   b. Muscle or body aches not attributed to any activities
   c. Sore Throat
   d. Congestion
   e. Runny Nose
   f. Cough
   g. Shortness of Breath
   h. Loss of Taste or Smell
   i. Nausea or Vomiting
   j. Diarrhea
   k. Headache

3. Have you been in close contact with someone recently diagnosed with COVID-19, or is currently awaiting a COVID-19 test result?