

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?



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|-----------------------------------------------------------------|----------------------------------|
| a. Fever | f. Cough |
| b. Muscle or body aches not attributed to any activities | g. Shortness of Breath |
| c. Sore Throat | h. Loss of Taste or Smell |
| d. Congestion | i. Nausea or Vomiting |
| e. Runny Nose | 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?

