

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?