



Health Screening Checklist

Have you had 1 or more of the following symptoms in the last 10 days:

- ✓ Fever of 100 degrees or higher
- ✓ new or worsening cough
- ✓ shortness of breath or difficulty breathing
- ✓ loss of taste or smell
- ✓ Vomiting
- ✓ diarrhea.

Have you had 2 or more of the following symptoms in the last 10 days that cannot be attributed to another medical reason:

- ✓ nausea
- ✓ sore throat
- ✓ chills
- ✓ muscle pain
- ✓ extreme fatigue/feeling very tired
- ✓ new severe/very bad headache
- ✓ new nasal congestion/stuffy or runny nose.
- ✓

Are you waiting on results of a COVID test?

Have you had contact in the last 14 days with someone who has tested positive for COVID?

If you answered yes to any of the above, please stay home.