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?