

**WARNING: Upon entering the building you are self-certifying that your answer to each of these questions is 'NO'.**

**If you answer 'YES' to any of the screening questions, you should not enter the building.**

Have you experienced any of the following symptoms in the past 48 hours?

- Fever or chills?
- Cough?
- Shortness of breath or difficulty breathing?
- Fatigue?
- Muscle or body aches?
- Headache?
- New loss of taste or smell?
- Sore throat?
- Congestion or runny nose?
- Nausea or vomiting?
- Diarrhea?

Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:

- Anyone who is known to have laboratory-confirmed COVID-19? OR
- Anyone who has any symptoms consistent with COVID-19?

Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?

Are you currently waiting on the results of a COVID-19 test?

