

Self-Assessment Questions

Do you or any of your family members attending with you today have any of the following symptoms?

- Fever or chill
- 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

YES

NO

If you answered **YES** to any of the above symptoms, **DO NOT enter the facility.** Go home and contact your doctor immediately.

Symptoms may appear **2-14 days after exposure to the virus.**

People with the above symptoms may have COVID-19