

Visitor Screening Questions

1. In the past 72 hours, have you experienced any NEW or UNUSUAL symptoms?

- Fever of 100.4°F or higher, or fever-like symptoms such as chills or sweating
- Frequent cough (not related to chronic conditions or seasonal allergies)
- Trouble breathing, shortness of breath, or severe wheezing
- Muscle or body aches not related to exercise
- Sore throat
- New loss of smell or taste
- Headache
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

2. Have you or anyone in your household or group tested positive for COVID-19, or are awaiting test results?

3. Do you or anyone in your household or group currently have any of the symptoms listed above?

4. Are you currently under a stay-at-home, quarantine, or isolation order from a doctor or from state or local authorities?

If you answer YES to any of these questions, please stay home to protect our community.

Visitor Signature: _____ **Date:**

Revision Date: _____