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 a laboratory-confirmed case of 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?