

Covid-19 Screening

- Do you have a fever or above-normal temperature? (>100.4 F)
- Are you experiencing shortness of breath or having trouble breathing?
- Do you have a dry cough?
- Do you have a runny nose?
- Have you recently lost or had a reduction in your sense of taste?
- Do you have a sore throat?
- Are you experiencing chills or repeated shaking with chills?
- Do you have a headache?
- Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?
- Have you been in contact with someone who has tested positive of COVID-19 in the last 14 days?
- Have you been tested for COVID-19 in the last 14 days?
- Have you traveled more than 100 miles from your home in the last 14 days?
- Have you participated in a demonstration in the past 14 days?