



## Health Check Screening

Have you had any of the following symptoms in the past 14 days that you cannot attribute to another health condition? Please answer yes or no to each question.

- **Fever (101 F or higher), or feeling feverish?**
- **Chills? Repeated shaking with chills?**
- **Cough?**
- **Shortness of breath or difficulty breathing?**
- **Muscle aches/pains?**
- **Headache?**
- **New loss of smell or taste?**
- **Nausea/vomiting?**
- **Diarrhea?**
- **Have you or a close contact been diagnosed or presumptively diagnosed with Covid-19 in the past 14 days?**

If you have answered yes to any of these questions please do not travel to the building.