

Symptom Screening Prior to Entry

As required by the County Health Officer
And according to the Centers for Disease Control (CDC)



YES NO

Are you currently experiencing one or more of the following symptoms?

- 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

⇒ **If Yes, please do not enter the building, and if an employee contact your supervisor.**

⇒ If NO, proceed to next question

YES NO

Are you currently taking any medication (prescription or over-the-counter) that might mask the symptoms of COVID-19?

⇒ **If Yes, please do not enter the building, and if an employee contact your supervisor**

⇒ If NO, proceed to the next question

YES NO

Is anyone in your household, or someone you have come in close contact with, ill or presenting symptoms of COVID-19 or any respiratory illness, feeling feverish, or having chills.

⇒ **If Yes, please do not enter the building, and if an employee contact your supervisor**

⇒ If No, then proceed to the next question

YES NO

Have you washed your hands or used alcohol-based hand sanitizer on entry?

⇒ **If Yes, then continue**

⇒ If No, then please do so before entering



Practice Physical Distancing: maintain a minimum six-foot distance from others

Please wear a cloth face covering: in accordance with Public Health Guidelines

Practice Healthy Hygiene: sneeze and cough into a cloth or tissue or, if not available, into one's elbow; and do not shake hands or engage in any unnecessary physical contact