



**YOUR SAFETY IS OUR GREATEST CONCERN.**

**PLEASE NOTIFY THE SCREENER IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES.**

1. Are you currently experiencing any of the following symptoms that **CANNOT** be attributed to another condition?
  - Fever or chills, cough, shortness of breath or difficulty breathing
  - Fatigue, muscle aches, headache
  - Recent onset of loss of taste or smell
  - Sore throat, congestion or runny nose
  - Nausea or vomiting, diarrhea
  
2. Have you recently been in close contact with anyone who has tested positive for COVID-19 or have you been tested and awaiting results?
  - Close contact is defined as being within 6 feet for more than 15 minutes
  
3. Are you presently under a quarantine order from a medical professional that is COVID-19 related?
  
4. Have you traveled to the following areas within the last 14 days?
  - Alabama, Arkansas, Arizona, California, Florida, Georgia, Idaho, Iowa, Kansas, Louisiana, Mississippi, Missouri, North Carolina, Nebraska, Nevada, North Dakota, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, Utah, and Wisconsin