

FACILITY VISITOR SCREENING

DUE TO RECENT DEVELOPMENTS, THE FOLLOWING QUESTIONS WILL NEED TO BE ASKED DURING YOUR GENERAL HEALTH SCREENINGS:

- **HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN TESTED FOR COVID-19 AND ARE AWAITING RESULTS?**
- **HAVE YOU OR ANYONE IN YOUR HOUSEHOLD TESTED POSITIVE FOR COVID-19 IN THE PAST 14 DAYS?**
- **DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING SYMPTOMS:**
 1. **FEVER OF 100.4 OR HIGHER, OR FEEL FEVERISH?**
 2. **CHILLS?**
 3. **A NEW COUGH?**
 4. **SHORTNESS OF BREATH?**
 5. **A NEW SORE THROAT?**
 6. **NEW MUSCLE ACHES?**

7. NEW HEADACHE?

8. LOSS OF TASTE OR SMELL?