



# Lancaster Ice Rink

## COVID-19 SAFETY

**Self-Screening, Masks, and Temperature Check Required**

If you answer **YES** to **ANY** of the conditions below:



**YOU MAY NOT ENTER OUR FACILITY**

- Within the last 14 days have you tested positive for COVID-19 or are you awaiting COVID-19 test results?
- Within the last 14 days have you traveled **outside** of the US?
- Have you had close contact (within 6 ft for more than 15 minutes) with anyone who is a known COVID-19 case or with anyone awaiting COVID-19 test results?
- If you are a healthcare provider, have you had high risk exposure (per CDC Guidelines) or been restricted from working due to exposure in the last 14 days?
- Are you currently experiencing any of the following symptoms?

MOST COMMON	OTHER SYMPTOMS YOU MAY EXPERIENCE		
Fever $\geq$ 100.4°F	Chills	Diarrhea	Abdominal (belly) pain
Cough (New/Worsening)	Sore Throat	Repeated shaking with chills	Headache (new or worsening)
Difficulty Breathing	Fatigue	Worsening aches and pains	Newly developed loss of taste/smell

If you can confirm **NO** to **ALL** of the above conditions:

**YOU MAY ENTER OUR FACILITY**



Proceed through designated entrance, wear mask, and follow instructions for temperature screening.