

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?