



## COVID-19 SCREENING QUESTIONNAIRE

To protect everyone and ensure we can remain open, we are asking a few simple screening questions. **If the answer is “yes” to any of the questions, please do not enter The Center.**

- 1. Have you had a positive COVID-19 test in the past 14 days?**
- 2. Are you awaiting the results of a COVID-19 test?**
- 3. Have you been exposed to a known or suspected case of COVID-19 in the past 14 days?**
- 4. Do you have any of these symptoms that are not caused by another condition?**
  - Fever
  - Muscle aches
  - Cough
  - Chills
  - Shortness of breath
  - Sore throat
  - Recent loss of taste or smell
  - Nausea or vomiting
  - Diarrhea