



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.**

Have you in the past 14 days:

- Been in contact with someone who has a confirmed or suspected case of COVID-19?
- Had any of the following symptoms: fever, cough, sore throat, fatigue, chills, difficulty breathing, runny nose, new loss of taste or smell, or GI symptoms such as nausea, vomiting, or diarrhea?
- Traveled to one of the countries or regions affected with COVID-19?

Thank you for helping us keep everyone safe!