## COVID SCREENING QUESTIONS

### TEMPERATURE
Is your temperature greater than or equal to 100.0 degrees Fahrenheit?  
☐ YES  ☐ NO

### CONTACTS
Have you had any known close contact with a person confirmed or suspected to have COVID-19 in the past 14 days?  
☐ YES  ☐ NO

### SYMPTOMS
Are you currently experiencing ANY of the following symptoms?  
☐ YES  ☐ NO

- Cough (new or worsening)
- Shortness of Breath (new or worsening)
- Troubled Breathing (new or worsening)
- Fever
- Chills
- Muscle Pain (new or worsening)
- Headache (new or worsening)
- Sore Throat (new or worsening)
- New Loss of Taste
- New Loss of Smell

### POSITIVE TEST RESULT
Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?  
☐ YES  ☐ NO

### OUT OF STATE TRAVEL
Have you traveled within a state that does not border New York State, or stayed longer than 24 hours within the past 14 days?  
☐ YES  ☐ NO

Exception: I have “tested out” per CDC Guidelines or have been designated as an essential employee, per CDC Guidelines?  
☐ YES

### NOTE:
If you answer “Yes” to any of the above questions, with the exception of the last question you will not be permitted entry and referred to a Supervisor.

If you answer “No” to all of the questions, you will be instructed to proceed to the next screening area.

For the protection of everyone, all persons entering MUST wear a FACE MASK.