COVID-19 SELF SCREENING

Are you currently experiencing any symptoms of COVID-19 such as a fever (100.4 degrees or higher), cough, shortness of breath, difficulty breathing, fatigue, chills, sore throat, muscle and body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea?

In the past 5 days have you tested positive for COVID-19?

IF ALL ANSWERS ARE NO, ENTRY IS AUTHORIZED.
IF ANY ANSWER IS YES, ENTRY IS NOT AUTHORIZED.