



# 4 SCREENING QUESTIONS REQUIRED PRIOR TO ENTRY

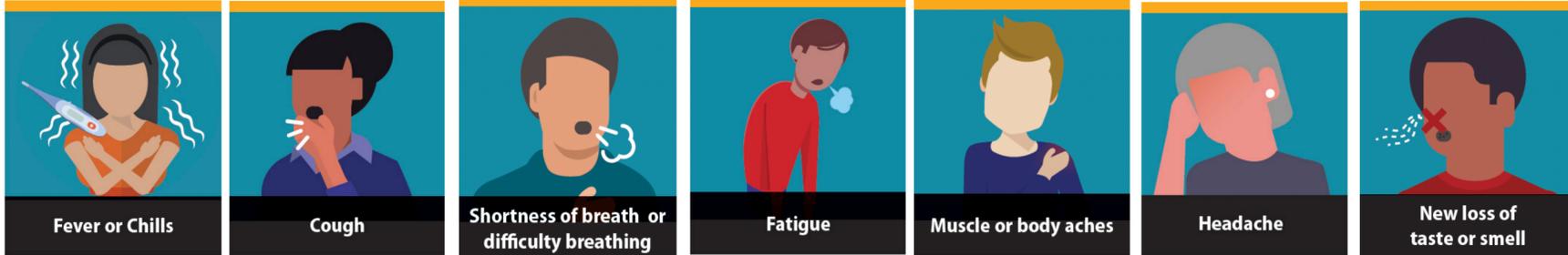
As required by the County Health Officer and according to the Center for Disease Control (CDC).

**1** Are you experiencing one or more of the following symptoms and can confirm that these symptoms are not related to an ongoing condition (i.e. allergies, migraines, chronic congestion)?

**YES** **NO**



Do not enter.  
Contact your supervisor.



Fever or Chills  
Cough  
Shortness of breath  
Fatigue  
Muscle or body aches  
Headache  
Sore throat  
Congestion/runny nose  
Nausea or vomiting  
Diarrhea



**2** Are you currently taking any medication (prescription or over-the-counter) that might mask the symptoms of COVID-19?

**YES** **NO**



Do not enter.  
Contact your supervisor.

**3** Is anyone in your household, or someone you have come in close contact\* with, ill or presenting symptoms of COVID-19 or any respiratory illness, feeling feverish, or having chills?

**YES** **NO**



Do not enter.  
Contact your supervisor.

\*Close contact = within 6 feet for 15 minutes or more

**4** In the last 14 days, have you traveled outside the U.S.?

**YES** **NO**



Do not enter.  
Contact your supervisor.

**Wash your hands immediately upon entry**



PRACTICE PHYSICAL DISTANCING  
WEAR A FACE COVERING  
PRACTICE HEALTHY HYGIENE

