

COVID-19 Screening Questions

Do not enter if any of the following is true:

1. Are you currently experiencing:
 - a. A cough
 - b. Unexplained muscle pain, loss of smell or taste,
 - c. Vomiting
 - d. Shortness of breath
 - e. A fever of 100.4 F or above
 - f. Chills
 - g. Sore throat

2. Are you currently caring for someone who is ill with COVID-19?

3. During the last two weeks, have you been diagnosed with COVID-19?

4. During the last two weeks, have you had contact with someone diagnosed with COVID-19 or suspected to have COVID-19?

5. During the last two weeks, have you lived in or visited a place where COVID-19 is spreading?

6. Do you consider yourself high-risk, unable to follow the in-person meeting precautions, or otherwise feel uncomfortable with attending an in-person gathering?