Daily Health Screening

Please read each of the following statements closely and then scroll down to answer. Please answer honestly.

1. Do you currently have a fever of 100.4°F or greater without having taken any fever-reducing medications?

2. Have you experienced any of the following COVID-19 related symptoms in the past 14 days that cannot be explained by other medical conditions (ex. seasonal allergies):
   - cough
   - shortness of breath or difficulty breathing
   - fever
   - chills
   - muscle pain
   - sore throat
   - new loss of taste or smell
   - fatigue
   - muscle or body aches
   - headache
   - congestion or runny nose
   - nausea or vomiting
   - diarrhea

3. Have you tested positive for COVID-19 in the past 10 days, or have you been instructed by a health care professional/public health official/contact tracing app to self-isolate or quarantine?

4. If not fully vaccinated:
   a. Have you knowingly been in close (within 6-feet) contact with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19 within the past 10 days (AND you are not fully vaccinated)?

   *Please note that fully vaccinated individuals are not required to quarantine after a close contact, but are recommended to get tested for COVID-19 3-5 days after exposure and wear a mask until results are back.

   b. Have you, or anyone you live with, traveled to a location with a high COVID transmission in the last 14 days AND you are not fully vaccinated and have not obtained a negative COVID-19 test within the last 3-5 days.

   *Please note that unvaccinated individuals traveling to locations with high COVID transmission are required to get a negative test 3-5 days after travel and self-quarantine until they receive their test results.