

## 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.