

Please answer the following questions by marking off Yes or No:

1. Are you having flu-like symptoms, such as fever, cough, or shortness of breath?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

1. Have you or anyone in your household traveled to China, Iran, Italy, Japan or South Korea in the past 30 days?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

1. Have you been in close contact with someone confirmed or is being evaluated for Coronavirus?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

**If you answered yes to any of the above questions,**

**please put on a mask and immediately alert staff.**