If you answer **YES** to any of these questions:

1. Do you have a fever or do you feel feverish?
2. Do you have a cough or shortness of breath?
3. Do you have a sore throat?
4. Do you have a loss of taste or smell?
5. Have you been around anyone else with these symptoms in the last 14 days?
6. Are you living with anyone who is sick with COVID-19?

Please **DO NOT** enter the building.

If you have COVID-19 symptoms, please stay home and contact a healthcare provider.